

<b>Case Number:</b>	CM15-0161972		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male who sustained an industrial injury on 5-20-14. His initial complaint was a "pulling sensations and pain" in his lumbosacral spine. The injury was sustained while pushing a cart that weight approximately 400 pounds. He reported the injury to his supervisor and was evaluated at an industrial clinic. X-rays were taken and he returned to his place of employment. He reported continued pain and he was referred to an orthopedic surgeon for evaluation. This was completed on 6-26-15. He underwent physical therapy and acupuncture. On examination, he was noted to complain of low back pain, radiating down the right lower extremity. He denied cervical pain on examination. His diagnoses included lumbosacral sprain and strain with radiculitis and cervical spine sprain and strain, asymptomatic. The report states that the injured worker "has reached maximum medical improvement" and that his primary problem was the lumbar spine. Further physical therapy and acupuncture were "not indicated". He was prescribed Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ultram 50mg, 2 refills (prescribed 6/26/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain, When to discontinue Opioids, On-going management. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in May 2014 and was seen for an initial evaluation by the requesting provider on 06/26/15. He was having low back pain radiating into the right lower extremity. He was taking tramadol. Physical examination findings included a normal BMI. There was back pain with straight leg raising. There was a normal neurological examination. Ultram was prescribed with two refills without planned follow-up. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, was being prescribed at the claimant's initial evaluation with the requesting provider. When prescribed there was no documentation that this medication was providing decreased pain, an increased level of function, or improved quality of life. Baseline pain levels were not documented. No follow-up was planned. Prescribing Ultram is not medically necessary.