

<b>Case Number:</b>	CM15-0169105		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: California  
 Certification(s)/Specialty: Family Practice

### 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 36 year old female, who sustained an industrial injury on 7-23-12. The injured worker is undergoing treatment for lumbago, shoulder pain and long term medication use. Medical records dated 5-18 through 7-16-15 indicate the injured worker complains of headaches, neck, right shoulder and back pain rated 4 out of 10 with medication. Physical exam notes right shoulder painful decreased range of motion (ROM) with tenderness to palpation and lumbar facet joint and right sacroiliac joint tenderness with decreased range of motion (ROM). Treatment to date has included oral and topical medication including Ultram and Ultracet. The original utilization review dated 7-31-15 indicates the request for Ultram is certified and Ultram ER #60 is modified to Ultram ER #46 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. The MTUS guidelines do not support opioids for non-malignant pain. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish improvement in function or change in work status to support the ongoing use of opioids. The request for Ultram ER 150mg #60 is not medically necessary or appropriate.