

<b>Case Number:</b>	CM15-0180631		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Physical Medicine & Rehabilitation

### 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 31 year old female, who sustained an industrial injury on 1-28-2013. Medical records indicate the worker is undergoing treatment for cervical spondylosis at cervical 4-5 without significant radiculopathy. A medical visit from 1-15-2015 noted the injured worker reported neck pain with cervicogenic headaches and radicular symptoms to the bilateral upper extremities, rated 7 out of 10. A recent progress report dated 7-29-2015, reported the injured worker complained of neck pain with cervicogenic headaches and radicular symptoms to bilateral upper extremities, rated 7 out of 10. Physical examination was not provided on this visit. The progress note dated 12-14-2014 also noted the injured worker had electro diagnostic studies that showed bilateral carpal tunnel syndrome and a cervical magnetic resonance imaging that showed cervical 4-6 disc herniation. Treatment to date has included bilateral carpal tunnel syndrome braces, epidural steroid injection, trigger point injections, physical therapy and medication management. On 7-29-2015, the Request for Authorization requested Ultram 50mg #30. On 8-17-2015, the Utilization Review modified the request for Ultram 50mg #30 with 1 refill to #15 with no refill for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg Qty 30 (unclear with 1 refill): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

**Decision rationale:** The 31 year old patient complains of neck pain, rated at 7/10, along with radicular symptoms in bilateral upper extremities and cervicogenic headaches, as per progress report dated 07/29/15. The request is for ULTRAM 50 mg QTY 30 (UNCLEAR WITH 1 REFILL). The RFA for this case is dated 07/29/15, and the patient's date of injury is 01/28/13. Diagnoses, as per progress report dated 07/29/15, included cervical spine disc herniation with bilateral upper extremity radicular symptoms, bilateral carpal tunnel syndrome, and medication-induced gastritis. Medications include Ultram, Anaprox and Prilosec. Diagnoses, as per progress report dated 04/22/15, included cervical spine herniated nucleus pulposus, and bilateral carpal tunnel syndrome. The patient has been allowed to return to work with restrictions but the employer is unable to honor the request at this time, as per progress report dated 07/29/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Ultram is only noted in progress report dated 07/29/15. A prior report dated 01/15/15 documents the use of Ultracet. It is not clear when opioid therapy was initiated. As per progress report dated 07/29/15, medications help the patient "function on a daily basis." As per the report, the patient is routinely monitored for "at risk" behavior with random UDS and CURES reports. All patients sign an opioid agreement and must "demonstrate improved functional restoration, ADLs, sleep pattern, elevated mood, and quality of life." The treater, however, fails to establish the efficacy of the Ultram. There is no documentation of before and after analgesia using a validated scale nor does the treater document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4 A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4 A's to warrant continued use of this medication. Hence, the request is not medically necessary.