

<b>Case Number:</b>	CM15-0184396		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Arizona, 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 55 year old female, who sustained an industrial injury on 4-26-2012. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain and intervertebral disc displacement. According to the progress report dated 8-25-2015, the injured worker presented with complaints of pain in her back. The level of pain is not rated. On treatment note (7-14-2015), the injured worker rated her back pain 7-8 out of 10. The physical examination (8-25-2015) of the lumbar spine reveals tenderness over the paraspinal muscles. The current medications are not specified. Previous diagnostic studies include X-rays and MRI of the lumbar spine. Treatments to date include medication management, physical therapy (no relief), and 5 chiropractic treatments (no relief). Work status is described as modified duty. The original utilization review (8-28-2015) partially approved a request for Ultram #60 with no refills (original request was for Ultram #60 with one refill).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg #60 with one refill:** 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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Norco for the past year. Long-term use of opioid is not indicated. No one opioid is superior to another. Pain remained high while on Norco. There is no mention of Tylenol, NSAID or Tricyclic failure. The change to Tramadol is not justified and not medically necessary.