

<b>Case Number:</b>	CM15-0184742		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/17/1997
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 53-year-old female, who sustained an industrial injury on 7-17-1997. The injured worker was being treated for lumbosacral strain with radiculopathy and right hip and thigh pain persist. On 8-25-2015, the injured worker reported continued low back pain with good days and bad. The treating physician's report did not include documentation of the subjective pain ratings on this date. Current medications include Ultram, Glucosamine, Fexmid, and Xodol. The physical exam revealed asymmetric range of motion of the lumbar spine with forward flexion of 12.9 inches from the floor, a positive right straight leg raise at 64 and negative left straight leg raise at 63, persistent right extensor hallucis longus weakness, and diminished ankle jerk. The treating physician noted that the narcotic usage was closely monitored and trying to taper. A recent urine drug screen and prior treatments were not included in the provided medical records. Per the treating physician (8-25-2015 report), the injured worker remained maximum medical improvement (MMI). On 8-25-2015, the requested treatments included Ultram 50mg #60. On 9-5-2015, the original utilization review non-certified a request for Ultram 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #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, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 1997 and continues to be treated for low back pain. When seen, she was receiving all medications except for Lidoderm. Physical examination findings included positive straight leg raising with decreased right lower extremity strength and ankle reflex. There was an asymmetric lumbar range of motion. Ultram and Norco were being prescribed. The total MED (morphine equivalent dose) was 40 mg per day. The MED for each medication was 10 mg. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. There would be no need to prescribe two short acting agents with the same MED. Continued prescribing is not considered medically necessary.