

<b>Case Number:</b>	CM15-0190830		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/06/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, Pain Management, Occupational Medicine

### 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 49 year old male, who sustained an industrial injury on 05-06-2015. He has reported injury to the head, face and neck. The diagnoses have included face contusion and laceration; nose contusion; closed head injury; facial bone fractures, status post open reduction internal fixation zygoma, zygomaticofrontal fractures, on 05-08-2015; status post open reduction internal fixation right orbital fracture with placement of Medpor implant, closed, and reduction of right hemi-maxillary fracture using screws, and evacuation of hematoma; trigeminal neuralgia; and cervical musculoligamentous sprain-strain with right upper extremity radiculitis and spondylosis. Treatment to date has included medications, diagnostics, surgical intervention, and physical therapy. Medications have included Motrin, Norco, Neurontin, and Ultram ER. A progress note from the treating physician, dated 09-11-2015, documented a follow-up visit with the injured worker. The injured worker reported face pain, eye pain, and visual disturbance; he remains the same since the last exam; he can sleep better; he is attending physical therapy; and he has seen by the neurologist. Objective findings included tenderness to palpation over the suboccipital regions, right side greater than left upper trapezius muscle, right side greater than left paravertebral musculature; axial compression test elicits increased localized neck pain; and active ranges of motion of the cervical spine are decreased. The treatment plan has included the request for Ultram ER 150 mg #30. The original utilization review, dated 09-25-2015, non-certified the request for Ultram ER 150 mg #30.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram ER 150 mg #30:** 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 neuropathic pain.

**Decision rationale:** MTUS 2009 states that tramadol can be used in combination with first line drugs to treat neuropathic pain. The patient is prescribed gabapentin, which is reportedly successful. However, the patient continues to report pain. Tramadol is considered an additional option to treat neuropathic pain and its use is consistent with MTUS 2009. Therefore, the initial prescription for Ultram ER is medically necessary. However, its ongoing use should result in significant pain reduction and reduced need for pain management. MTUS 2009 states that opioids should be discontinued if there is no meaningful reduction in pain. Therefore, Ultram ER is only medically necessary for the initial trial. This request is not medically necessary.