

<b>Case Number:</b>	CM15-0198284		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/19/2007
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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:

This injured worker is a 59 year old female, who sustained an industrial injury on 03-19-2007. The injured worker was diagnosed as having lumbar spine sprain-strain. On medical records dated 09-02-2015, hand written progress notes were difficult to decipher, the subjective complaints were noted as increased of low back pain. Objective findings were not noted 09-02-2015. Treatments to date included medication. The injured worker was noted to be not working and able to return to work on 09-08-2015. Current medications were not listed on 09-02-2015. The Utilization Review (UR) was dated 09-10-2015. A request for Ultram 50mg #20 was submitted. The UR submitted for this medical review indicated that the request for Ultram 50mg #20 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers compensation 7th edition.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of the opioid, Tramadol, as part of an analgesic regimen. These guidelines state that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The medical records show no evidence of failure of first-line analgesic medications to treat this patient's pain. Further, there is no evidence that the patient is intolerant to first-line medications to include other opioids. As Tramadol is only recommended under the circumstances of intolerance to first-line agents, its use in this case is not supported. Tramadol (Ultram) is not medically necessary.