

<b>Case Number:</b>	CM15-0202729		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/22/2003
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: 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 68 year old female, who sustained an industrial injury on 04-22-2003. She has reported injury to the low back. The diagnoses have included low back pain; right lumbar radiculopathy-lumbar spondylosis; lumbar spine degenerative disc disease; sacroiliac joint dysfunction; and depression. Treatments have included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, trigger point injections, lumbar epidural steroid injections, and physical therapy. Medications have included Ultram, Lidoderm patch, Zanaflex, Cymbalta, and Ativan. A progress report from the treating provider, dated 09-16-2015, documented an evaluation with the injured worker. The injured worker reported that her pain continues to the point that she no longer sleeps in the bed, she sleeps in the zero gravity recliner; the only medications she is receiving are Cymbalta and Ultram; she uses a topical ointment from another provider, which she uses for her low back pain, radiating down the right leg; she had a reduction from 8 to 5 out of 10 in pain with increased functionality noted in her activities of daily living; and she continues to be frustrated. Objective findings included she is using a scooter today for the visit; she continues to use the scooter even to enter the exam room; she cannot sit still because of discomfort of low back pain, worsening right lower extremity radiation, as well as right hip pain which is worse, now with weakness; bilateral knee pain through decreased range of motion, barely 4 out of 5 in strength; and tenderness to palpation over the sacroiliac joints. The treatment plan has included the request for 1 prescription of Ultram 50mg #120. The original utilization review, dated 10-01-2015, modified the request for 1 prescription of Ultram 50mg #120, to 1 prescription of Ultram 50mg #34.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Ultram 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** The claimant has a remote history of a work injury in April 2003 and stopped working as a licensed vocational nurse due to pain and stress. She has secondary depression and anxiety. When seen, the only medications she was receiving were Ultram and Cymbalta. She had received a sample of a topical compounded cream which had decreased pain from 8/10 to 5/10. Physical examination findings included being unable to sit still due to back pain. She was using a scooter. There was decreased and painful knee range of motion with decreased strength at 4/5. There was sacroiliac joint tenderness. Ultram (tramadol) is an immediate release short acting medication 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. Continued prescribing is not considered medically necessary.