

<b>Case Number:</b>	CM15-0024021		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old female who reported an injury on 08/30/2010. The mechanism of injury was not stated. The current diagnoses include cervical and lumbar sprain/strain, lumbar degenerative disc disease, and cervical spondylosis with herniated nucleus pulposus. The injured worker presented on 12/29/2014 for a follow-up evaluation. The injured worker reported 7/10 pain with medication and 9/10 without medication. The injured worker reported low back pain with radiating symptoms into the left lower extremity, as well as neck pain with radiation into the right upper extremity. Associated symptoms included numbness, tingling, and spasm. It was noted that the injured worker had been issued authorization for surgery. Upon examination, there was weakness and numbness in the C5-7 dermatomes bilaterally, weakness and numbness in the left L5 and S1 dermatomes, 4/5 motor weakness in the left lower extremity, cervical and lumbar paraspinal muscle spasm, positive straight leg raise on the left, and an antalgic gait. There was decreased range of motion of the cervical spine and lumbar spine by 30%. Spurling's maneuver was positive bilaterally. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/31/2014.

### 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 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), and Opioids, and Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 06/2014. There was no documentation of a failure of nonopioid analgesics. There is also no evidence of objective functional improvement. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.