

<b>Case Number:</b>	CM15-0026197		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 47-year-old woman sustained an industrial injury on 4/9/2003 after lifting five gallons of paint. The current diagnoses are lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, and lumbar disc disorder. Treatment has included oral medications and medial branch blocks. Physician notes on a PR-2 dated 1/19/2015 show right side low back pain that radiates to the right lower extremity and is rated 4-6/10. The worker has a long list of medications that have been tried. She is unsure at this time if the Tramadol is working and the physician recommends increasing the dose as well as the doses of Wellbutrin and Lyrica within the next week. Norco was increased temporarily as well with plans to wean. On 1/29/2015, Utilization Review evaluated a prescription for Ultram ER 100mg five times per day #140, that was submitted on 2/11/2015. The UR physician noted there was not documentation of functional improvement while taking this medication. Further, there is no documentation of a plan to reduce and/or discontinue use of this medication. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 100mg #140:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 9, 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records, there is no documented functional improvement with the use of opioids. Therefore, the request is not medically necessary.