

<b>Case Number:</b>	CM15-0029719		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/25/1996
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

### 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 52 year old female who sustained an industrial injury on 9/25/96. The injured worker reported symptoms in the neck and back. The diagnoses included spinal/lumbar degenerative disc disease, disc disorder cervical, chronic back pain, and neck pain. Treatments to date include oral pain medication, acupuncture treatments, status post discectomy, activity modification and topical non-steroidal anti-inflammatory drugs gel. In a progress note dated 2/6/15 the treating provider reports "range of motion is restricted with pain. On palpation, paravertebral muscles, tenderness and tight muscle band is noted on both sides." On 2/11/15 Utilization Review modified the request for Ultram 50 milligrams quantity of 60 with 1 refill to Ultram 50 milligrams quantity of 15 with no refill. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with neck and low back pain. The current request is for ULTRAM 50MG #60 WITH 1 REFILL. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been utilizing Ultram since at least 4/11/14. Progress reports provide a before and after pain scale to denote a decrease in pain with medications. The treating physician notes that the patient is taking medications as prescribed with no side effects and no evidence of developing medication dependence. The patient reports that her pain is "on a continuous basis," but alleviated "somewhat" by current medications. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, the treating physician states that the patient no evidence of developing medication dependence, but there is no CURES or urine drug screens to monitor for compliance, as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.