

<b>Case Number:</b>	CM15-0218227		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	08/17/2005
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Emergency Medicine

### 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 44-year-old female, who sustained an industrial injury on 8-17-05. The injured worker is diagnosed with multilevel cervical herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, lumbar spine facet arthropathy, myelopathy, right scapholunate ligamentous injury and bilateral shoulder impingement bursitis. Her disability status is permanent and stationary. Notes dated 7-8-15, 10-1-15 and 10-5-15 reveals the injured worker presented with complaints of persistent and severe neck pain described as throbbing, aching and burning and intermittent pins and needles sensation; there is burning, stabbing pain in her bilateral shoulders accompanied by numbness, cramping and pins and needles sensation that radiates down her arms bilaterally to her hands; there is aching, numbness and cramping in her right hand and wrist making it difficult to write or type; increased aching and cramping in her legs bilaterally to her feet coupled with weakness and burning and aching low back pain that radiates pain to her lower extremities. Her pain is rated at 3-9 out of 10. Physical examinations dated 7-8-15, 10-1-15 and 10-5-15 revealed there is tenderness to palpation of the bilateral cervical paraspinals and trapezius (left greater than right), cervical and lumbar spine range of motion is decreased and painful in all planes. There is decreased sensation to the right C6, C7, C8, L4, L5 and S1 dermatomes. Motor examination is 4 to 5- out of 5 in the upper and lower extremities. The bilateral upper and lower extremities are hyper-reflexic, the Hoffmann's is positive, "three beats of clonus bilaterally" and the straight leg raise elicit foot pain. Treatment to date has included acupuncture (12 sessions) provided minimal relief, chiropractic care (20 sessions), physical therapy (21 sessions), epidural steroid injections provided 80% pain relief for 6 months; medications-Trazodone, Tramadol ER (6-2015), Norflex, Norco (unable to obtain through insurance), Ibuprofen (over the counter) provides mild relief and topical cream (provided relief

allowing for better rest) and right wrist brace helps prevent pain per note dated 10-5-15. Diagnostic studies include right hand x-rays, cervical and lumbar spine MRI and electrodiagnostic study. A request for authorization dated 10-5-15 for Ultram ER 100 mg #60 is modified to #60 with 1 refill for weaning off over 2-3 months, per Utilization Review letter dated 10-28-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ultram ER Tab 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The requested Ultram ER Tab 100mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain that radiates pain to her lower extremities. Her pain is rated at 3-9 out of 10. Physical examinations dated 7-8-15, 10-1-15 and 10-5-15 revealed there is tenderness to palpation of the bilateral cervical paraspinals and trapezius (left greater than right), cervical and lumbar spine range of motion is decreased and painful in all planes. There is decreased sensation to the right C6, C7, C8, L4, L5 and S1 dermatomes. Motor examination is 4 to 5- out of 5 in the upper and lower extremities. The bilateral upper and lower extremities are hyper-reflexic, the Hoffmann's is positive, "three beats of clonus bilaterally" and the straight leg raise elicit foot pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Ultram ER Tab 100mg #60 is not medically necessary.