

<b>Case Number:</b>	CM15-0031643		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 60 year old male injured worker suffered and industrial injury on 10/27/2014. The diagnoses were lumbar radiculopathy and knee tendonitis and bursitis. The diagnostic studies were magnetic resonance imaging of the low back and x-rays of the knees. The treatment was acupuncture. The treating provider reported chronic pain in the lumbar spine and bilateral knees. On exam there were spasms of the lumbar muscles with decreased range of motion. There was discomfort on range of motion of the right knee with impaired gait. The Utilization Review Determination on 1/26/2015 non-certified Ultram ER150 mg #60 with 5 refills, MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER150 mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

**Decision rationale:** This patient presents with low back pain that radiates into the left leg. The current request is for ULTRAM ER 150 MG #60 WITH 5 REFILLS. There is no Request for Authorization (RFA) provided in the medical file. This patient has a date of injury of 10/27/14. On 10/31/14, the treating physician reported that the patient was utilizing over the counter medication without much benefit. Recommendation was for Relafen, Prilosec and Tramadol. The treating physician stated that 5 refills are being requested "in order to reduce the expense of continuous requests and utilization review." The patient was instructed to return to work with restrictions. The Utilization review denied the request stating that the 4As have not been addressed. This is an initial request for medication. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." This patient has a recent injury and it appears that over the counter medication has been tried and ineffective in managing this patient's pain. A trial of Ultram may be indicated, but the request for 5 refills is not. MTUS page 89 states under Visit Frequency: "(a) there is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The MTUS allows visit frequency from 1 to 6 months." This patient is currently seen on a monthly basis and ULTRAM ER 150 MG #60 WITH 5 REFILLS would not be indicated as MTUS requires documentation of the 4As for chronic opiate management. This request IS NOT medically necessary.