

<b>Case Number:</b>	CM15-0035666		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/30/1997
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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:

This 55 year old male sustained an industrial injury on 5/30/97. He subsequently reports ongoing back and shoulder pain. Diagnoses include status post back surgery with fusion, failed back and status post neck surgery with disc replacement. The injured worker has undergone left shoulder surgery and multiple back surgeries. On 2/12/15, Utilization Review partially certified a request for Ultram 50mg #120. The Ultram 50mg #120 was modified to #110. The modification of the request was based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95, 124.

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

**Decision rationale:** According to the 01/20/2015 progress report, this patient presents with ongoing back and shoulder pain. The current request is for Ultram 50mg #120 and Utilization

Review modified the request to #110. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 01/20/2015. The patient's work status is P&S. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's: analgesia, ADL's, adverse side effects, and adverse behavior are required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided by the treating physician indicate "Medications help decrease pain intensity and allows for ADLs." Based on 11/20/2014 report, "The patient documented difficulty with urinating, defecating, dressing, undressing and showering" with pain at an 8/10. In this case, the reports show documentation of pain assessment but there is no documentation to show that opiate usage has improved the patient's function. ADL's are mentioned as above. However, the treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request IS NOT medically necessary.