

<b>Case Number:</b>	CM15-0040671		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/10/1997
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67-year-old female who reported an injury on 09/10/1997. The mechanism of injury reportedly occurred from a trip on the sidewalk. Her diagnoses included lumbar sprain, chronic thoracic pain, and radicular pain. Previous treatments included medications. The injured worker had a previous MRI and EMG which supported a diagnosis of radicular pain. Clinical note on 01/18/2015 noted the injured worker to have had back pain and pain radiating down her legs. The clinical note was handwritten and hard to decipher. The Request for Authorization was dated 01/08/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 2000mg #30, 1 PO QHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 13, and 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 91.

**Decision rationale:** The request for Ultram ER 2000 mg #30 1 by mouth at bedtime is not medically necessary. The California MTUS Guidelines state that there should be monitoring of chronic pain patients on opioids for pain relief, side effects, physical and psychosocial functioning, and the occurrence of any drug related behaviors. It was noted that a CURES Report was ran on 02/04/2015 and the injured worker had aberrant behaviors. The Pharmacy Sheet noted the injured worker has gotten medications on 01/08/2015 or 01/09/2015 for a month supply. The request for Ultram would not be supported due to aberrant behavior that would need to be addressed. Therefore, the request for Ultram ER 2000 mg #30 1 by mouth at bedtime is not medically necessary.