

<b>Case Number:</b>	CM15-0045469		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 year old male, who sustained an industrial injury on 3/1/07. He has reported a neck injury while driving a cement truck he hit a pot hole and slammed his head on part of the cab and it shook him. The diagnoses have included chronic pain syndrome, degeneration of cervical intervertebral disc, displacement of cervical intervertebral disc and depressive disorder. Treatment to date has included medications, diagnostics, and psychiatry. Currently, as per the physician progress note dated 1/13/15, the injured worker complains of increased pain in the left side of the neck, he continues to have headaches, and states that the upper back and neck are causing him the worst pain. He states that he was not sleeping well due to the pain and that without his medications he was only able to walk , sit and stand up for 15 minutes and with the medications he was able to do these things for up to 30 minutes. The current pain medications included Ultram, Skelaxin, and Metrogel topical. The urine drug screen dated 10/5/14 was consistent with the medications prescribed. Physical exam of the cervical spine revealed decreased range of motion due to pain, trigger points at C-7 with spasms and swelling, paraspinal muscle spasm with left sided cervical swelling, and spasm and edema noted with left trapezius, which it was noted that his shoulder was elevated on right. It was noted that neurologically there was positive changes. The Treatment Plan included prescribing Ultram ER 300MG 24 hours oral tablet extended release, 1 pill by mouth daily x 1 month Quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram Extended Release 300mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with neck and back pain, the claimant had been on Ultram ER for over a year. There was no indication of Tylenol failure or weaning with simultaneous trial of non-opioid medication for breakthrough pain. Long-term use is not indicated and can lead to addiction and tolerance. He had been on the maximum dose. The continued use of Tramadol (Ultram) ER as above is not medically necessary.