

<b>Case Number:</b>	CM15-0047338		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/05/2004
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 60-year-old male sustained an industrial injury to the back on 3/5/04. Previous treatment included magnetic resonance imaging, lumbar fusion, epidural steroid injections, facet joint injections, physical therapy and medications. In a follow-up visit dated 2/10/15, the injured worker complained of ongoing low back pain with right lower extremity paresthesias. Physical exam was remarkable for tenderness to palpation of the lumbar spine paraspinal muscles bilaterally with some guarding. The injured worker was slow to sit from a standing position and slow to stand from a seated position. Current diagnoses included postsurgical changes L4-5 with anterolisthesis, facet hypertrophy, foraminal narrowing and L3-4 with annular bulge, facet hypertrophy and foraminal narrowing. The treatment plan included medications (Ultram, Norco and Soma) and obtaining an electromyography/nerve conduction velocity test bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, (Unspecified quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medications for acute pain (analgesics), Tramadol (Ultram).

**Decision rationale:** Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning, which is appropriate. As such, the request for Ultram 30mg (unspecified quantity) is not medically necessary.