

<b>Case Number:</b>	CM15-0056724		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/02/1993
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 66 year old male who sustained an industrial injury on October 2, 1993. He has reported injury to the left knee and lower back and has been diagnosed with lumbar facet arthropathy, lumbar disc syndrome, acute muscle spasm, history of lumbar radiculopathy, myofascial pain, opioid dependency; status post left knee arthroscopy, and status post low back fusion. Treatment has included surgery and medications. Currently the injured worker continued to have tautness with some muscle spasms in the lumbar paraspinal musculature much greater on the right. There was also tenderness in the medial aspect with some swelling noted in the left knee with significant range of motion. The treatment request included ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 66 year old male has complained of low back pain and left knee pain since date of injury 10/2/93. He has been treated with left knee surgery, lumbar spine surgery, physical therapy and medications to include opioids since at least 08/2014. The current request is for Ultram ER. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram ER is not indicated as medically.