

<b>Case Number:</b>	CM15-0057090		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/31/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/19/2015
<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: Massachusetts

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 47-year-old male, who sustained a work/ industrial injury on 10/31/01. He has reported initial symptoms of low back pain. The injured worker was diagnosed as having s/p L4-5 microdiscectomy with left leg radiculitis. Treatments to date included oral and topical medication, surgery (microdiscectomy 8/7/03). Currently, the injured worker complains of chronic low back pain. The treating physician's report (PR-2) from 2/25/15 indicated well healed scar of the lumbar spine, slight to moderate tenderness to palpation with spasm over the paravertebral musculature, tenderness also over the left sciatic notch. Straight leg raise (SLR) is positive on the left eliciting radicular symptoms to the L5 distribution. Sensation was decreased along the left L5-S1 dermatome. Treatment plan included Ultram and a Magnetic Resonance Imaging (MRI) scan of the lumbar spine with contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate release tablet).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in October 2001 and continues to be treated for radiating low back pain. He underwent surgery in 2003. Ultram is being prescribed with improved activities of daily living and decreased pain. The total MED (morphine equivalent dose) is 10 mg per day. When seen, gabapentin was started. There was decreased lumbar range of motion with positive left straight leg raising and decreased left lower extremity sensation. Ultram (tramadol) is an immediate release medication often used for intermittent or breakthrough pain. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, Ultram is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Ultram was medically necessary.

**1 MRI scan of the lumbar spine with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work-related injury in October 2001 and continues to be treated for radiating low back pain. He underwent surgery in 2003. Ultram is being prescribed with improved activities of daily living and decreased pain. The total MED (morphine equivalent dose) is 10 mg per day. When seen, gabapentin was started. There was decreased lumbar range of motion with positive left straight leg raising and decreased left lower extremity sensation. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan, which therefore was not medically necessary.