

<b>Case Number:</b>	CM15-0060353		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 5/17/12. The injured worker has complaints of back pain. The diagnoses have included status post T4-T9 fusion, cervical strain, L2 compression fracture, cervical and lumbar spine strain, osteopenia and headaches. Treatment to date has included physical therapy; X-rays; lab work; fusion and office dispensed medications. The request was for ultram tramadol HCL ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram Tramadol HCL ER 150mg #60, DOS: 2/23/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Measures/Opioids Page(s): 48/78-80.

**Decision rationale:** MTUS Guidelines supports the responsible use of opioids if there is meaningful pain relief (amount and length of pain relief) carefully documented, measured improvements in functional abilities as a result of use, and no aberrant drug related behaviors.

At least 2 of these standards are not being met. There is documentation of pain benefits and no documentation of the affects on daily functioning as a result of the use of Tramadol. Under these circumstances, the Tramadol HCLER 150mg #60 is not supported by Guidelines and is not medically necessary.