

<b>Case Number:</b>	CM15-0085446		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: 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 60-year-old female who sustained an industrial injury on 06/30/1999. Current diagnoses include cervical discopathy with disc displacement, lumbar discopathy with disc displacement, bilateral sacroiliac arthropathy, and mood disorder. Previous treatments included medication management. Previous diagnostic studies include urine toxicology screening. Report dated 03/26/2015 noted that the injured worker presented with complaints that included continued residual cervical spine and lumbar spine pain, and left knee pain with swelling. It was noted that medications and compound creams are helpful in alleviating her pain. Pain level was not included. Physical examination was positive abnormal findings including tenderness in the cervical, lumbar, and sacroiliac joints and decreased range of motion. Faber's/Patrick's test, and straight leg raise tests were positive. The treatment plan included continuing with medications as prescribed, medications were prescribed and dispensed which included Fexmid, Nalfon, Prilosec, Ultram ER, Norco, and Restoril, repeat request for an MRI of the left knee, repeat request for psychiatric consultation, request for urine toxicology testing, and return in 4-6 weeks for re-evaluation. The documentation submitted supports that the injured worker has been using Ultram ER long term. Disputed treatments include Ultram ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER (extended release) (Tramadol HCL hydrochloride) 150 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Ultram ER (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) specifically attributable to this medicine, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram ER (tramadol) is not medically necessary.