

<b>Case Number:</b>	CM15-0089416		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 63 year old male, who sustained an industrial injury on 8/21/01. The injured worker has complaints of low back and left lower extremity pain. The documentation noted that the injured worker describes worsening weakness in the knee and relies upon a single point cane for balance and support. The documentation noted on Physical Examination that range of motion of the lumbar spine is significantly limited secondary to pain especially with extension and rotation and there is tenderness to palpation over the paraspinal muscles in the lumbar region bilaterally. The diagnoses have included status post lumbar fusion, L4-5; bilateral lower extremity radiculopathy as evidenced by muscle wasting of the lower left extremity and chronic radiculopathy per electromyography/nerve conduction study and reactive depression. Treatment to date has included lunesta; norco; ultram extended release and dilaudid; status post lumbar fusion, L4-5; electromyography/nerve conduction study on 5/2/09 showed muscle wasting of the lower left extremity and chronic radiculopathy and status post failed lumbar spinal cord stim trial. The request was for 1 prescription of ultram extended release 300mg, quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Ultram ER 300mg, Qty 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** According to the MTUS, management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used con-comitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. In this case the patient has been using this medication longer than the recommended amount of time. The documentation doesn't support that there has been meaningful improvement in functional status while taking this medication. The continued use of Ultram ER is not medically necessary.