

<b>Case Number:</b>	CM13-0064247		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 52-year-old female with an 8/29/12 date of injury. At the time of the request for authorization, there is documentation of subjective complaints of neck pain, upper back pain, mid back pain, lower backache, right upper extremity pain, and right lower extremity pain, and objective findings of tenderness on both the sides of the paravertebral muscles, lumbar spine range of motion is restricted, lumbar facet loading is positive on both sides, tenderness over the lateral epicondyle, positive Tinel's at the right wrist, and tenderness over the right ankle diffusely even to light palpation. Current diagnoses include spasm of muscle, cervical pain, and carpal tunnel syndrome, depressive disorder not elsewhere classified, pain in joint lower leg, and low back pain, and treatment to date has been medication including Ultram for at least 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Ultram 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80, 113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of opioids. In addition, specifically regarding Ultram, the MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of spasm of muscle, cervical pain, carpal tunnel syndrome, depressive disorder not elsewhere classified, pain in joint lower leg, and low back pain. In addition, there is documentation of treatment with Ultram for at least 2 months and that it is being used as a second-line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Ultram. Therefore, the request is not medically necessary.