

<b>Case Number:</b>	CM14-0142005		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 36-year-old male who reported an injury on 08/31/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post anterior L4-5 disc replacement, bilateral lower extremity radiculitis, failed back surgery syndrome. His previous treatments were noted to include surgery, home exercise program, facet block injection, and lumbar injection. The progress note dated 06/17/2014 revealed complaints of back pain and bilateral lower extremity pain. The physical examination of the lumbar spine revealed abdominal scars in the midline measuring 32 centimeters, consistent with secondary gunshot wound and 10 centimeters horizontal to the left lower quadrant consistent with anterior lumbar fusion. There was tenderness to palpation with muscle guarding present over the paravertebral musculature and left gluteal muscle. The straight leg raise test was positive with increased low back pain that radiated to the left buttock. Sensation was intact and the deep tendon reflexes were 2+ to the bilateral knees and 1+ in the right Achilles and absent in the left Achilles. The injured worker indicated with pain medications his pain rated 4/10 and without medications rated 8/10. The provider indicated the injured worker had not received the tramadol ER from his previous visit. The progress note dated 08/07/2014 revealed complaints of back pain. The physical examination of the lumbar spine revealed spasm and guarding. The straight leg raise test elicited radicular pains of the left lower extremity; the range of motion was diminished. His medications regimen was noted to include tramadol ER every day, temazepam 15 mg at bedtime, Fexmid 7.5 mg 2 times a day, and Nizatidine 150 mg daily. The Request for Authorization form dated 08/07/2014 was for Ultram ER 150 mg #30 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78..

**Decision rationale:** The request for Ultram ER 150mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 06/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications, improved functional status, side effects, and whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.