

<b>Case Number:</b>	CM14-0156777		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	03/05/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 45 year old patient had a date of injury on 3/5/2008. The mechanism of injury was losing her balance and falling backward, striking back of her head and neck against mental firing cabinet. In a progress noted dated 8/26/2014, the patient complains of pain in neck and shoulders. The pain radiates to the forearm, hand, and fingers on the right side. She has unable to perform any activities of daily living or work, and the pain is severely increased in her hands almost daily. On a physical exam dated 8/26/2014, there was paraspinal muscle tenderness to palpation of cervical spine, restricted and painful ranges of motion to cervical spine, depressive affect and mood, bilateral knees sprain/strain syndrome, and jaw pain. The diagnostic impression shows cervical spine sprain/strain, cervical radiculopathy, insomnia, depression and anxiety, lumbar spine/strain/sprain. Treatment to date: medication therapy, behavioral modification A UR decision dated 9/3/2014 denied the request for Ultram 300mg #30, modifying it to #15, stating that that there was no failure of 1st line therapy for patient's neuropathic pain, and no documentation of ongoing pain relief, objective functional improvements, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81,113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. However, in the 8/26/2014 progress report, there was no documented functional improvements noted from the opioid regimen. In fact, the patient claims that the pain has been getting worse on a daily basis, and she has been noted to be on Ultram since at least 6/11/2014. Therefore, the request for Ultram 300mg #30 was not medically necessary.