

<b>Case Number:</b>	CM14-0183580		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work-related injury on January 21, 2013. According to a progress report dated on January 3, 2014, the patient was complaining of low back pain radiating to the right lower extremity as well as pain and numbness in the right upper extremity. The patient underwent the a selective nerve block around December 2012 which showed 50% improvement. The patient was tried on trigger point injections without benefit. The patient was treated with Tramadol, Duexis and Amrix. Physical examination demonstrated the lumbar tenderness with reduced range of motion, weakness in the right lower extremity, a palpable mass in the lumbar area consistent with a compression fracture area. The patient lumbar MRI performed on February 15, 2013 demonstrated degenerative disc disease, sub-acute superior compression fracture at T12. The provider requested authorization to use Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no objective documentation pain and functional improvement with previous use of Tramadol. There is no documentation of pain severity level to justify the use of tramadol in this patient. The patient developed side effects with dizziness from previous use of pain medications including Tramadol. There is no documentation of compliance or the patient with her medications. There is no documentation of continuous monitoring of the patient for side effects of her medications. Therefore, the request for Ultram 50 mg, #60 is not medically necessary.