

<b>Case Number:</b>	CM14-0184390		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/05/2005
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 60-year-old man who sustained a work-related injury on March 5, 2004. Subsequently, he developed chronic low back pain. The patient underwent low back surgery in 2008 and subsequently underwent revision surgery 3 to 4 years ago. Prior treatments also included: physical therapy, injections, x-rays, MRI scans, chiropractic care, and medications. According to a medical report dated September 5, 2014, the patient reported stabbing pain in the right side of his low back and right leg. He also reported ongoing neck pain, followed by pain in his leg, hand, and arm. The patient rated his pain as a 7/10. Physical examination revealed symmetrical muscle bulk of the bilateral upper and lower extremities with no evidence of focal muscle atrophy noted. There was 5 degrees of lumbar flexion with upright posture. Lumbar flexion was 75 degrees with low back pain localized to the right side more than the left side of the lower back. The patient had diminished sensation posterolateral right thigh and calf as well as over the dorsum of the right foot and over the plantar aspect of the right foot. There was tingling in that distribution in the right lower extremity. Right gastrocnemius, posterior tibialis, peroneus longus strength 4+/5, right tibialis anterior strength 3 to 3+/5, right EHL strength 4/5. Left gastrocnemius, posterior tibialis, peroneus longus strength 5/5, left tibialis anterior strength 5-/5, left EHL strength 5-/5. Bilateral patellar and Achilles reflexes 2+ and symmetrical. On a follow-up report dated October 7, 2014, the patient reported that Ultram does not work too well and he has been taking it up to 6 times a day. On exam, he continued distal lower extremity weakness, greater on the right compared with the left. There were no new sensory changes. He had continued limited lumbar range of motion secondary to pain. Previously, the patient took multiple and high dose narcotics, including lortab, morphine, and Percocet, for which he went through drug rehabilitation to get off these medications. The provider request authorization for Ultram.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #180:** Upheld

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

**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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 clear documentation of pain and functional improvement with previous use of Ultram. There is no clear documentation of continuous documentation of patient compliance to his medications. There is no documentation of the medical necessity of Ultram. Therefore, the prescription of Ultram 50mg #180 is not medically necessary.