

<b>Case Number:</b>	CM14-0213392		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	12/23/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Tennessee, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 is a 60-year-old male with a 12/23/10 date of injury. The injury occurred when he was standing and inspecting a cable when the north crane struck the south crane, jolting his back. According to a progress report dated 11/13/14, the patient reported mid and low back pain, neck pain with numbness and tingling to the bilateral upper extremities, stress, sexual dysfunction, gastrointestinal irritation, headaches, and aggravated hypertension and diabetes. Objective findings: tenderness to palpation over the suboccipital muscles with guarding and spasms, limited cervical spine range of motion, tenderness to palpation with muscle guarding and spasm over the paravertebral musculature, limited lumbar spine range of motion, sensation intact in the bilateral upper and lower extremities. Diagnostic impression: cervical spine musculoligamentous sprain/strain, thoracolumbar spine musculoligamentous sprain/strain, status post L4 through S1 fusion (March, 2014). Treatment to date: medication management, activity modification, surgery, acupuncture, aquatic therapy, and chiropractic care. A UR decision dated 12/3/14 denied the request for Tramadol 150mg #30. His ongoing opioid use has not resulted in any functional improvement; his work status remains Temporary Total Disability

### 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, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

**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. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Ultram ER 150mg, #30 was not medically necessary.