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| <b>Case Number:</b>   | CM14-0215511 |                              |            |
| <b>Date Assigned:</b> | 01/05/2015   | <b>Date of Injury:</b>       | 10/22/2001 |
| <b>Decision Date:</b> | 02/24/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### **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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### **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 67-year-old female with an injury date of 10/22/01. Based on the 11/07/14 progress report provided by treating physician, the patient complains of ongoing, persistent, burning, and stabbing low back pain rated 03/10 with mild radiation, hip pain rated 05/10, stabbing pain in the left leg rated 04/10, bilateral foot pain rated 02/10, and right arm pain rated 04/10. Per progress report dated 06/13/14, patient has received acupuncture therapy which she states is helpful. Cervical physical examination revealed flexion of 30 degrees with discomfort and extension of 20 degrees with significant paracervical discomfort. There was inhibition of rotation to the right and left to only 20 degrees. Scapular retraction was limited and produced rhomboid pain. Lumbar spine examination revealed tenderness from the thoracolumbar spine down to the base of the pelvis. Patient's medications include Norco. Per progress report dated 03/28/14, a urine specimen was obtained. Patient is temporarily totally disabled. Diagnosis on 11/07/14 included the following: -Spondylolisthesis, L5-S1, with left-sided radiculopathy

-Mild right shoulder impingement syndrome -Chronic cervicgia with cervical sprain/strain - Lumbar discopathy. The utilization review determination being challenged is dated 12/03/14. The rationale is no document urine drug screening for aberrant behavior. Treatment reports were provided from 07/19/13 - 11/07/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 50mg #60, one po q6-8H with two (2) refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with ongoing persistent burning and stabbing low back pain rated 03/10 with mild radiation, hip pain rated 05/10, stabbing pain in the left leg rated 04/10, bilateral foot pain rated 02/10, and right arm pain rated 04/10. The request is for Ultram 50 Mg #60 With Two (2) Refills. Per progress report dated 06/13/14, patient has received acupuncture therapy which she states is helpful. Per progress report dated 03/28/14, a urine specimen was obtained. Patient's medications include Norco. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 03/28/14, a urine specimen was obtained; however, treater has not discussed the results or any aberrant behaviors in detail. There are no discussions regarding how Ultram significantly improves patient's pain and activities of daily living. The four A's are not specifically addressed including discussions regarding analgesia, specific ADL's, adverse effects, aberrant drug behavior, etc. There are no CURES or opioid pain contracts, either. Given the lack of documentation as required by MTUS, the request for Ultram is not medically necessary.