

<b>Case Number:</b>	CM15-0011830		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 58-year-old male who reported an injury on 01/17/2003. The injured worker was noted to utilize opiates since at least 12/2003. The mechanism of injury was not provided. Prior therapies included medications, lumbar brace, epidural steroid injections, back exercises, physical therapy, and right sided hemilaminectomy and discectomy at L5-S1. The documentation of 12/24/2014 revealed the injured worker had continued pain and discomfort in the low back to right hip, buttock, and leg. The injured worker had increasing pain scores from 7/10 to 8/10 with the weaning process from hydrocodone. The injured worker had a mildly positive straight leg raise at 70 degrees and limited horizontal torsion and lateral bend. The diagnoses included herniated nucleus pulposus (lumbar), sciatica, degenerative disc disease (lumbosacral), and radiculopathy (lumbar spine). the treatment plan included the injured worker had been tapered on hydrocodone to just 1 per day and the request was made for a conversion to tramadol 50 mg 1 to 2 every 4 to 6 hours as needed #200 with 1 refill and a followup in 2 months. There was a Request for Authorization submitted for review. The injured worker was being monitored for aberrant drug taking behaviors through urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #200 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug taking behaviors and side effects. There was, however, a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. The refill would not be supported without re-evaluation as the documentation indicated the injured worker was to switch from 1 medication to another. Given the above, the request for Ultram 50 mg #200 times 1 refill is not medically necessary.