

<b>Case Number:</b>	CM15-0019539		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/03/2006
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 66 year old female, who sustained an industrial injury on 8/30/2006. The mechanism of injury was not provided for review. Diagnoses include status post gastric bypass surgery, chronic back pain, sciatica and osteoporosis. Treatments to date include use of a walker, physical therapy, sacro-iliac injection and medication management. She had been on a combination of Tramadol, Norco and Flexeril for over 6 months. The last several months, her pain has been persistent at 7/10 in the involved area with minimal improvement in function. A progress note from the treating provider dated 1/7/2015 indicates the injured worker reported low back pain with left lower extremity radicular pain. On 1/15/2015, Utilization Review non-certified the request for Ultram 50mg #75 with 2 refills, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #75 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Workers' Comp, 13th edition, Pain (updated 12/31/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol  
Page(s): 92.

**Decision rationale:** Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time. There was no indication for being on two opioids. No one opioid is superior to another. Continued use of Tramadol is not medically necessary.