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| <b>Case Number:</b>   | CM15-0110202 |                              |            |
| <b>Date Assigned:</b> | 06/16/2015   | <b>Date of Injury:</b>       | 03/12/1997 |
| <b>Decision Date:</b> | 07/15/2015   | <b>UR Denial Date:</b>       | 05/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/08/2015 |

### 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

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 61 year old female, who sustained an industrial/work injury on 3/12/97. She reported initial complaints of lumbar pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbar radiculopathy, and degenerative disc disease of lumbar region. Treatment to date has included medication, surgery (lumbar microdiscectomy in 1997, spinal cord stimulator implant in 2005), and diagnostic testing. Currently, the injured worker complains of residual back pain with sitting forward and flexing. The spinal cord stimulator reduces pain by 80-90%. Per the primary physician's progress report (PR-2) on 5/7/15, examination revealed significant increase in the tenderness to the paraspinal musculature with acute spasms, positive straight leg raise for burning down the right lower extremity in the L5 distribution approximately 60 degrees, and significant range of motion limitation due to spasms. Current plan of care included psychiatrist for depression, medication renewal for exacerbation of pain, and follow up in one month. The requested treatments include Ultram ER 150mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg 1 QD; #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96; On-Going Management- Actions Should Include: (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. The 4A's (analgesia, ADLs, Adverse side-effects, and Aberrant drug-taking behaviors).

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Ultram ER 150mg 1 QD; #30 is not medically necessary and appropriate.