

<b>Case Number:</b>	CM15-0111490		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 65 year old man sustained an industrial injury on 2/6/2003. The mechanism of injury is not detailed. Diagnoses include lumbosacral disc degeneration, pain in limb, itching due to opioids, and comorbid constipation. Treatment has included oral medications, gym exercise, and muscle stimulator. Physician notes on a PR-2 dated 3/26/2015 show complaints of chronic mild back pain with poor tolerance for sitting or standing too long or activities. Recommendations include lumbar brace, continue use of muscle stimulator, home exercise program, topical analgesic creams, Ultram, Ultram ER, Opana, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tablets of Ultram 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar/lumbosacral disc degeneration; pain in limb; pruritis due to opiates; constipation. Documentation indicates the injured worker has been on opiates since 2010. The medical record contains 29 pages. The earliest progress note containing a prescription for Ultram 50 mg, Opana ER 10 mg and Ultram ER 300 mg is dated December 18, 2014. The injured worker has chronic mild back pain. Pain score ranges from 1-3/10. There were no risk assessments, detailed pain assessments or attempted weaning in the medical record. The request for authorization is dated May 20, 2015. The most recent progress of the medical records dated March 26, 2015. There is no contemporaneous progress note documentation on or about the date of request for authorization. On March 26, 2015, the injured worker has ongoing complaints with chronic mild back pain. There were no risk assessments, detailed pain assessments or attempted weaning in the medical record. There is no documentation demonstrating objective functional improvement with ongoing opiate use. Consequently, absent clinical documentation with objective functional improvement to support ongoing Ultram 50 mg, detailed pain assessments, risk assessments with attempted weaning, Ultram 50mg #30 is not medically necessary.

**30 tablets of Opana ER 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana ER 10mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar/lumbosacral disc degeneration; pain in limb; pruritus due to

opiates; constipation. Documentation indicates the injured worker has been on opiates since 2010. The medical record contains 29 pages. The earliest progress note containing a prescription for Ultram 50 mg, Opana ER 10 mg and Ultram ER 300 mg is dated December 18, 2014. The injured worker has chronic mild back pain. Pain score ranges from 1-3/10. There were no risk assessments, detailed pain assessments or attempted weaning in the medical record. The request for authorization is dated May 20, 2015. The most recent progress of the medical records dated March 26, 2015. There is no contemporaneous progress note documentation on or about the date of request for authorization. On March 26, 2015, the injured worker has ongoing complaints with chronic mild back pain. There were no risk assessments, detailed pain assessments or attempted weaning in the medical record. There is no documentation demonstrating objective functional improvement with ongoing opiate use. Consequently, absent clinical documentation with objective functional improvement to support ongoing Opana ER, detailed pain assessments, risk assessments with attempted weaning, Opana ER 10 mg #30 is not medically necessary.

**30 tablets of Ultram ER 300mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 300mg #30 with 3 refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar/lumbosacral disc degeneration; pain in limb; pruritis due to opiates; constipation. Documentation indicates the injured worker has been on opiates since 2010. The medical record contains 29 pages. The earliest progress note containing a prescription for Ultram 50 mg, Opana ER 10 mg and Ultram ER 300 mg is dated December 18, 2014. The injured worker has chronic mild back pain. Pain score ranges from 1-3/10. There were no risk assessments, detailed pain assessments or attempted weaning in the medical record. The request for authorization is dated May 20, 2015. The most recent progress of the medical records dated March 26, 2015. There is no contemporaneous progress note documentation on or about the date of request for authorization. On March 26, 2015, the injured worker has ongoing complaints with chronic mild back pain. There were no risk assessments, detailed pain assessments or attempted weaning in the medical record. There is no documentation demonstrating objective functional improvement with ongoing opiate use. Consequently, absent clinical documentation with objective functional improvement to support

ongoing Ultram ER 300mg, detailed pain assessments, risk assessments with attempted weaning, Ultram 300mg #30 with 3 refills is not medically necessary.