

<b>Case Number:</b>	CM15-0115239		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/25/2008
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 54 year old female who sustained an industrial injury on March 25, 2008. She has reported injury to the neck, low back, shoulders, wrists, hands, and knees and has been diagnosed with fibromyalgia, cervical brachial syndrome with chronic neck strain, chronic low back pain and strain, upper extremity overuse tendinopathy, and left knee internal derangement. Treatment has included medications and injection. Bilateral hands and wrists note a positive Tinel's sign. Phalen's sign was present. There was diffuse forearm tenderness present without specific swelling. The lumbar spine had tenderness from the thoracolumbar spine down to the base of the pelvis. Flexion was at 25 to 30 degrees, extension was at 20 degrees. Bilateral knees showed tenderness present over the medial and lateral aspects. Murray's test was positive. There was decreased range of motion with flexion. X-rays showed loss of cartilaginous surface bilaterally. The treatment request included Ultram ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable, along with monitoring plans to meet the standards set by the guidelines (urine drug screening, pain contract, etc.). Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Ultram ER is not medically necessary.