

<b>Case Number:</b>	CM15-0116976		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	11/29/2000
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 62-year-old male who sustained a work related injury November 29, 2000. The bus he was driving was T-boned by a full sized van. He underwent x-rays and was given Ultram for low back pain. According to an agreed medical examiner's report, dated December 9, 2002, the injured worker complained the Ultram was making him feel odd with a loss of concentration and memory. The Ultram was discontinued in December 2000. It was not determined that the Ultram caused his memory or altered concentration state. Past history included diabetes and hypertension, non-industrial. The most recent primary treating physician's progress report, dated March 18, 2014, found the injured worker being tapered from Opana and continues on the Ultram ER 300mg and Zoloft for pain control. He transfers and ambulates without difficulty and guarding and spinous process is non-tender. Diagnoses are lumbago; degenerative lumbosacral intervertebral disc; thoracic/lumbosacral neuritis/radiculitis. A request for authorization form, dated May 15, 2015, requests Ultram ER 300 mg # 90 Quantity: 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 300 MG #90 Qty 90: 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.

**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. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning based on documented peer-review discussion with the requesting provider. Given the clearly documented peer-to-peer discussion and the chronic risk of continued treatment, the request for Ultram as originally written is not considered medically necessary.