

<b>Case Number:</b>	CM15-0117212		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	05/16/1995
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/14/2015
<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: California

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 49 year old male, who sustained an industrial injury on May 16, 1995, incurring low back injuries after falling from heavy lifting. He was diagnosed with degenerative disc disease of the lumbar spine, and lumbar disc herniation. Treatment included a surgical laminectomy, anti-inflammatory drugs, antidepressants, sleep aides, muscle relaxants and work modifications and restrictions. The injured worker eventually became totally disabled. Currently, the injured worker complained of continued low back pain radiating into the right leg. He was able to perform activities of daily living with medication, but was disabled without having the medications. The treatment plan that was requested for authorization included a prescription for Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg tablet (1 by mouth every 4 hours as needed for 30 days for low back pain), #180 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is documentation of pain relief and increased function with the use of Ultram, however, there is no documentation of urine drug screens or pain agreement. Additionally, 5 refills does not allow for follow-ups between refills to assess compliance and efficacy. The request for Ultram 50mg tablet (1 by mouth every 4 hours as needed for 30 days for low back pain), #180 with 5 refills is determined to not be medically necessary.