

<b>Case Number:</b>	CM15-0122208		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/23/2006
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 57 year old female, who sustained an industrial injury on April 23, 2006. She reported neck, back and bilateral wrist injuries due to repetitive work activities. The injured worker was diagnosed as having status post bilateral carpal tunnel release; status post bilateral elbow surgery; cervical degenerative disc disease; multiple levels, along with neural foraminal narrowing; cervical radiculitis; lumbar degenerative disc disease; and lumbar facet arthropathy. Diagnostic studies to date have included: On June 8, 2011, the most recent x-rays of the lumbar spine revealed mild to moderate disc height loss with associated facet arthropathy at lumbar 5-sacral 1. No instability was seen on flexion/extension views. On May 2, 2013, the most recent x-rays of the cervical spine revealed straightening of the lordotic curve, likely due to spasms. There was multilevel degenerative disc disease, especially at cervical 3-cervical 4, with neural foraminal narrowing at cervical 2-cervical 3, cervical 3-cervical 4, and cervical 5-cervical 7. Other noted dates of injury documented in the medical record include: 1997. On March 14, 2014, a urine drug screen was performed, which was positive for benzodiazepines, marijuana, and tricyclic antidepressants. The medical records refer to electrodiagnostic studies revealed carpal tunnel syndrome of the bilateral wrists, but the date of service was not included. Surgeries: left carpal tunnel release on April 23, 2006; right carpal tunnel release on October 17, 2006; lateral and medial left elbow surgery on May 30, 2007; and lateral and medial right elbow surgery on August 16, 2007. Treatment to date has included physical therapy; acupuncture; a home exercise program; lumbar steroid injections; medial branch block; cervical epidural steroid injection; lumbar facet blocks; lumbar radiofrequency thermocoagulation ablations in 2009 and 2013;

inpatient opiate detoxification in early 2014; and medications including oral opioid analgesic; topical analgesic; antianxiety; antidepressant; muscle relaxant; and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension; diabetes; high cholesterol; asthma; ulcers; anxiety; and depression. On January 28, 2015, the injured worker complains of ongoing pain and spasms of the neck, shoulders, bilateral FAs into her hands, and bilateral low back pain that refers down to the thighs. She reports sleep difficulty that includes night waking and inability to fall back to sleep. She reports decreased pain and her function is improved with use of her medications. The treating physician noted the injured worker uses her medications as prescribed, has no aberrant behavior, and she receives her prescriptions from one provider. The physical exam revealed a weight = 230 pounds; height = 5 feet 6 inches; BMI = 2.20; blood pressure = 156/91; and pulse = 68. The treatment plan includes Ultram 50mg one every 8 hours as needed for pain #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. In addition, the CA MTUS guidelines also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of evidence of an updated and sign contract between the injured worker and physician, risk assessment profile, and attempt at weaning/tapering. The records clearly indicate that on March 14, 2014 there was an inconsistent a urine drug test and the inconsistent results are not explained by treating provider. The injured worker was detoxified from opioid medications in early 2014. The medical records show the injured worker was restarted on Tramadol in September 2014. There was a lack of documentation of a recent urine drug screen to support compliance of treatment with Tramadol, which would be necessary for continued usage. The injured worker is diagnosed with and treated for depression, which is considered a red flag and has not been shown to have good success with opioid therapy. The provider does not detail extenuating circumstances for opioid usage in the context of anxiety and depression. The requested Tramadol is not medically necessary.

