

<b>Case Number:</b>	CM15-0123883		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	06/14/2002
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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:

This injured worker is a 57 year old male, who reported an industrial injury on 6/14/2002. His diagnoses, and or impression, were noted to include: backache with foot drop on the left, and other general symptoms. The history notes stage III kidney disease. No current imaging studies were noted. His treatments were noted to include medication physical therapy - unhelpful; exercise at the gym - helpful; management which included Ultram as needed and Hydrocodone as needed for flare-ups; continued work on diet and weight loss. The progress notes of 4/20/2015 reported continued chronic, intermittent lower back pain that was aggravated by activities, and for which was helped by Tramadol when he was working; and that he was terminated and no longer working. Objective findings were noted to include that he stands with his head forward; tenderness over the lumbar spinous and sacroiliac joint, right > left, was noted; the inability to walk on heels; a weak dorsiflexion of the left foot; and decreased strength in the hip flexors and left ankle dorsiflexor muscles. The physician's requests for treatments were noted to include the discontinuation of Hydrocodone, and the continuation of Ultram as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg tab refill 1 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78-80, 93, 124.

**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 denied the request given the chronicity of symptoms and treatment citing need for improved opioid monitoring. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Ultram is not medically necessary.