

<b>Case Number:</b>	CM15-0126274		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 46 year old, who sustained an industrial injury on 07/27/2011. According to a progress report dated 06/18/2015, the injured worker returned with low back pain. Pain was unchanged since his last visit. Pain was tolerable most days with his medications. He took Norco for severe pain and Tramadol as needed for moderate pain. Gabapentin helped with his neuropathic pain in his legs especially at night time. He took medications as directed and tolerated them well. He worked on his home exercise program as much as he could. He was able to stay functional with his pain tolerable. He described aching pain in the low back. Pain was rated 8 on a scale of 1-10 without medication and a 3 with medications. His pain was better with medications, lying down and sitting. His pain was worse with standing, walking, lifting and bending. Current medications included Gabapentin 600 mg 1 by mouth three times daily, Norco 10/325 mg 1 tab every six hours as needed and Tramadol 50 mg 1 tab by mouth every six hours as needed. Impression included chronic pain syndrome, low back pain, lumbar spine degenerative disc disease, lumbar spine disc pain, lumbar spine radiculopathy, lumbar spine stenosis and myalgia and numbness. The provider noted that the injured worker continued with chronic low back pain. He was doing well and his pain was stable. Medication management would continue with current medication regimen. Norco, Tramadol and Gabapentin were dispensed. He had tried and failed lumbar epidural steroid injection. He did not want to consider surgical intervention at this point since his pain was tolerable with his medications. Work status included no lifting over 20 pounds, no bending, stooping or squatting, no prolonged sitting, standing or walking over 75 minutes. Urine toxicology from 05/21/2015 was still pending for

confirmation. According to documentation submitted for review, a urine drug screen was performed on 11/04/2014 and was consistent with prescribed medications. An opiate agreement had been signed by the injured worker. Urine toxicology performed on 01/28/2015 was negative for Norco and Tramadol. The injured worker said he did not take any because his pain was good. Urine toxicology performed on 03/26/2015 was positive for Norco and negative for Tramadol. The injured worker reported that he only took Tramadol as needed. Currently under review is the request for Ultram 50 mg Qty: 100.00.

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

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

**Ultram 50mg Qty: 100.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-96.

**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. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. In this case, there is a request for Tramadol without documentation of a specified quantity or duration. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.