

<b>Case Number:</b>	CM15-0174360		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 (IW) is a 46 year old female who sustained an industrial injury on 12-05-2011. The injured worker was diagnosed as having Lumbar spine discopathy, and Lumbar spine radiculitis. Treatment to date has included medications and chiropractic care. A MRI of 07-09-2015 showed a posterior annular tear at L3-L4 and L4-L5. At L3-L4 there is a 2mm midline disc protrusion resulting in effacement of the anterior thecal sac with no neural abutment or central canal narrowing. At L4-L5 there is a 1mm midline disc bulge and at L5-S1 there is a 2mm midline disc bulge. In the provider notes of 07-13-2015, the injured worker complains of pain in the low back. The worker states chiropractic treatment has helped. She continues with pain down her legs. On examination, there is 3+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. There is also 3+ tenderness and spasm bilateral over the spinous processes L2-through S1. Straight leg raising is positive at 60 degrees. Sensory testing reveals hypoesthesia over L4-L5 on the right. Gross muscle testing is 3 of five upon the right big toe raise. The plan is for a trial of acupuncture. The worker is temporarily totally disabled. A request for authorization was submitted for Ultram ER 150 mg, sixty count. A utilization review decision 08-25-2015 modified the request to approve #30 for weaning to off over 2 months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** Review indicates the request for Ultram was modified for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive neurological deterioration. The Ultram ER 150 mg, sixty count is not medically necessary and appropriate.