

<b>Case Number:</b>	CM15-0026109		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/16/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Internal 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 57 year old female, who sustained an industrial injury on 2/16/2009. On 2/10/15, the injured worker submitted an application for IMR for review of Ultram ER 100mg, #30. The treating provider has reported the injured worker complained of persistent flare-ups of pain about the neck region with frequent migraine headaches. The diagnoses have included cervical spine multilevel degenerative disc disease/degenerative joint disease, spondylosis anteriorly and posteriorly, chronic cervical spine sprain/strain, cervical radiculitis. Treatment to date has included x-ray (4/8/14), status post anterior cervical disc fusion C4-C7 (4/19/14), physical therapy, medications. On 2/5/15 Utilization Review non-certified Ultram ER 100mg, #30. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 100mg, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is indicated for the management of moderate to moderately severe pain. The primary treating physician's progress report dated 1/27/15 documented a history of neck pain, herniated nucleus pulposus of the cervical spine, status post right shoulder subacromial decompression and distal clavicle resection, status post left shoulder subacromial decompression and distal clavicle resection, ulnar neuritis, and status post ACDF anterior cervical discectomy and fusion C4-C7 4/19/14. Medical records document objective evidence of pathology on physical examination. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Ultram is medically necessary.