

<b>Case Number:</b>	CM15-0040074		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 is a 42-year-old male who reported an injury on 09/04/2013. The mechanism of injury was a head on motor vehicle accident. Prior therapies included physical therapy, steroids, and other medications. Surgical history was stated to be none. The injured worker underwent x-rays and an MRI of the lumbar spine. The injured worker underwent electrodiagnostic studies. The injured worker was noted to be utilizing Ultram ER since at least 05/2014. The documentation of 10/02/2014 revealed the injured worker had back pain. The injured worker started chiropractic care. The injured worker indicated he would like to go to pain management. The current medications were noted to include Lodine, Flexeril, Ultram ER, and Mobic 15 mg tablets. The physical examination revealed the injured worker had parathoracic spasms. The injured worker had tenderness in the region of L2-S1 in the left sciatic notch, and palpation showed no palpable nodes in the groin or popliteal fossa. The motor strength was 5/5, sensation was intact and equal bilaterally. The treatment plan included a continuation of the medications and start Elavil 100 mg 1 by mouth at bedtime for 90 days, refills x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 300 mg, 180 count with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills. Given the above, the request for Ultram ER 300 mg 180 count with 3 refills is not medically necessary.