

<b>Case Number:</b>	CM15-0062840		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 39 year old female, who sustained an industrial injury on May 23, 2013. She reported left lower back pain with radiation of pain to the right buttock and posterior right thigh following a slip and a fall. The injured worker was diagnosed as having low back strain. Treatment to date has included narcotic medications, imaging of the lumbar spine, assistive devices, home exercise program, physical therapy, acupuncture therapy, and chiropractic therapy. Currently, the injured worker complains of lumbar spine pain with pain in the right buttock with radiation to the right lower extremity. The pain increases with bending, stooping, sitting and standing and the injured worker reports that her home exercise plan helps to decrease her symptoms. On examination she has tenderness to palpation of the lumbar spine over the paravertebral muscles, the lumbar spine junction and the right piriformis muscles with associated spasm and guarding. She has decreased range of motion and a positive straight leg raise test which increases her low back pain. Her treatment plan includes medication, activity restrictions, possible right piriformis injection, possible bilateral medial branch block injections and possible IF unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg Qty120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with lumbar spine pain with pain in the right buttock with radiation to the right lower extremity. The request is for Ultram 50mg qty 120. The RFA provided is dated 02/25/15 and the date of injury is 05/23/13. The diagnoses include thoracic strain, lumbar strain, lumbar radiculopathy and SI joint sprain, per 02/25/15 report. Physical examination revealed tenderness to palpation of the lumbar spine over the paravertebral muscles, the lumbar spine junction and the right piriformis muscles with associated spasm and guarding. Decreased range of motion and a positive straight leg raise test. There are no current medications listed aside from the request for Ultram. The patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 02/25/15 report, treater request to "start Ultram every 6 hours as needed for pain." MTUS states that "functional assessment should be made. Function should include social, physical, psychological, daily activities." Furthermore, there are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant behavior, specific ADL's, etc. There is a consistent urine drug screen dated 10/15/14 but there are no discussions regarding opioid pain agreement, or Cures. MTUS requires appropriate discussions of the 4A's. Given the lack of documentation as required by the guidelines, the request IS NOT medically necessary.