

<b>Case Number:</b>	CM15-0064504		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 53 year old male, who sustained an industrial injury on January 24, 2014. He has reported back pain, shoulder pain, and leg numbness and tingling. Diagnoses have included cervical spine musculoligamentous sprain/strain, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain with left lower extremity radiculopathy, and right shoulder periscapular strain. Treatment to date has included medications, physical therapy, chiropractic care, and imaging studies. A progress note dated February 3, 2015 indicates a chief complaint of upper back pain, mid back pain, lower back pain, left leg numbness and tingling, sleep disorder, depression, and anxiety. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Ultram 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85.

**Decision rationale:** This 53 year old male has complained of low back pain, neck pain and shoulder pain since date of injury 1/24/14. She has been treated with physical therapy and medications to include opioids for at least 1 month duration. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not medically necessary.