

<b>Case Number:</b>	CM15-0070664		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic neck, low back, shoulder, and wrist pain reportedly associated with an industrial injury of April 29, 2012. In a Utilization Review report dated March 10, 2015, the claims administrator partially approved a request for Ultram (tramadol), apparently for weaning or tapering purposes. The claims administrator referenced an RFA form dated February 26, 2015 in its determination. The claims administrator contended that the applicant had failed to profit despite ongoing tramadol usage. The applicant's attorney subsequently appealed. On March 21, 2015, the attending provider apparently appealed previously denials and/or partial approvals of Ultram, naproxen, and Prilosec. The attending provider stated that the applicant had issues with reflux and therefore needed to continue Prilosec. The attending provider stated that the applicant's pain scores have been reduced from 8/10 without medications to 5/10 with medications. The applicant's work status was not furnished. The attending provider stated that the applicant's ability to stand and work for unspecified amounts had reportedly been ameliorated as a result of ongoing medication consumption. This was not elaborated or expounded upon. In a progress note dated March 19, 2015, the attending provider suggested (but did not clearly state) that the applicant was not working owing to her employer's inability to accommodate previously suggested limitations. A lumbar MRI imaging and electrodiagnostic testing of bilateral upper and bilateral lower extremities was proposed. The applicant had multifocal complaints of neck, mid back, and upper back pain, it was reported. The attending provider acknowledged that the applicant continued to

experience difficulty performing activities of daily living as basic as lifting, pushing, pulling, carrying, standing, walking, bending, stooping, and squatting.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription of Ultram ER 150mg #60 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Ultram (tramadol), a synthetic opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, the treating provider suggested, noting that the applicant's employer was apparently unable to accommodate previously suggested limitations. While the attending provider did, on another occasion, recount some reported reduction in pain scores from 8/10 without medications to 5/10 with medications, these reports were, however, outweighed by the applicant's seemingly failure to return to work and the applicant's continued difficulty to perform activities of daily living as basic as sitting, standing, walking, lifting, carrying, pushing, and the like. Therefore, the request is not medically necessary.