

<b>Case Number:</b>	CM15-0073197		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/24/2015
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old male patient who sustained an industrial injury on 01/24/2015. The diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain with left sacroiliac (SI) joint sprain and status post left buttock contusion. Per the progress note dated 02/27/2015, he had complaints of low back pain and left buttock pain with radiation to the left lower extremity to the knee. He rated pain a 7-9/10. Objective findings revealed slow and guarded movement, tenderness to palpitation with spasm of the lumbar spine and limited range of motion. Several documents within the submitted medical records are difficult to decipher. The medications list includes orphenadrine and ketoprofen. He has had chiropractic and acupuncture for this injury. The treating physician prescribed retrospective Ultram ER 150mg #30, Refill: 2 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ultram ER 150mg #30, Refill: 2:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75 and 82.

**Decision rationale:** Per the American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines (CHAPTER 12 Low Back Complaints, page 298), "Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added." Per the cited guidelines regarding opiates state, "Short-term opiates are rarely recommended, but may be used if symptoms are severe and accompanied by objective findings, for no more than two weeks." Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, "Central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain (Kumar, 2003)." Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain, and (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had had low back pain and left buttock pain with radiation to the left lower extremity to the knee. He has had significant findings on physical examination such as slow and guarded movement, tenderness to palpitation with spasm of the lumbar spine, and limited range of motion. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. There is no evidence that he is taking or abusing any potent narcotics. He is already taking a NSAID. The request for Retrospective Ultram ER 150mg #30, Refill: 2 was medically appropriate and necessary to use as prn during acute exacerbations. The request for retrospective Ultram ER 150mg #30 is medically necessary.