

<b>Case Number:</b>	CM15-0098851		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 62-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 30, 2003. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for Ultram (tramadol). The claims administrator referenced a RFA form dated May 8, 2015 and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In said May 8, 2015 progress note, the applicant reported 6/10 pain with medications versus 8/10 pain without medications. The applicant apparently presented to obtain medication refills. The applicant's medications included Vicodin, Relafen, Ultram, Lipitor, and metformin, it was reported. The applicant reported multifocal complaints of neck and elbow pain. Cervical MRI imaging and epidural steroid injection therapy were sought. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Ultimately, Vicodin, Ultram, and Relafen were renewed. The applicant's work status was not stated, although it did not appear that the applicant was working. The applicant likewise reported 6/10 pain with medications versus 8/10 pain without medications on April 6, 2015. Once again, the applicant's work status was not detailed. The attending provider stated that the applicant's medications were beneficial in terms of ameliorating his abilities of self-care, personal hygiene, and household chores.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 80; 78.

**Decision rationale:** No, the request for Ultram (tramadol), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not clearly establish a role for continued usage of two separate short-acting opioids, Ultram (tramadol) and Norco. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines likewise stipulates that 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's work status was not clearly detailed on progress note of April 6, 2015 and May 8, 2015, referenced above, suggesting the applicant was not working. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effective as a result of ongoing Ultram usage. The attending provider's commentary to the effect that the applicant was able to perform activities of self-care, personal hygiene, and household chores as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing opioid usage. Therefore, the request is not medically necessary.