

<b>Case Number:</b>	CM15-0099472		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker was a 57-year-old female, who sustained an industrial injury, September 20, 2004. The injured worker previously received the following treatments Norco, Voltaren, Lexapro, Ultra, Neurontin, Flexeril and Protonix. The injured worker was diagnosed with cervicalgia, lumbago and encounter for long-term use of other medications. According to progress note of April 22, 2015, the injured workers chief complaint was chronic pain in the lumbar spine and chronic right lower leg pain with associated aching and weakness. The complaint of back pain, joint pain joint stiffness, morning stiffness, associated with numbness and tingling, which had improved with increased Neurontin. The injured worker rated the pain at an 8 without medications and 4 with pain medication. The physical exam noted cervical spine tenderness in the paracervical muscles, rhomboid and trapezius. Multiple myofascial trigger points were noted. The lumbar range of motion was restricted with flexion limited to zero; extension was 20 degrees, right lateral bending limited to 25 degrees and left bilateral bending limited to 15 degrees. On palpation of the paravertebral muscles, spasms and tenderness were noted on both sides. The injured worker was unable to walk on toes. The straight leg raises were positive on the right in the seated position. The treatment plan included prescription for Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of pain and functional improvement with previous use of Tramadol. There is no clear documentation of continuous monitoring of patient's compliance with her medications. There is no documentation of the medical necessity of Tramadol over NSAID. Therefore, the prescription of Ultram 50 mg #60 with 2 refills is not medically necessary.