

<b>Case Number:</b>	CM13-0022273		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old female with a range of injury dates from 11/1/06 through 7/19/10. The mechanism of injury was due to her work-related tasks which required keyboarding 6 hours out of an 8 hour workday. In a 7/30/13 and a 10/15/13 progress note, the patient complained of persistent pain of the neck that radiated to the upper extremities with numbness and tingling. She had low back pain that was aggravated by activities of daily living. Physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, painful and restricted cervical range of motion, tenderness at the lumbar paravertebral muscles, shoulder anteriorly, medial aspect of the elbows, and the dorsal wrist. Diagnostic impression: Bilateral carpal tunnel syndrome with negative radiculopathy in the cervical spine, cubital tunnel syndrome, cervical discopathy, lumbar discopathy, bilateral shoulder impingement. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 8/19/13 denied the request for Tramadol ER, stating the medical information submitted was not sufficient for the review to be completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER (QUANTITY UNKNOWN):** Overturned

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In an 8/8/13 progress note, the physician notes that he is prescribing Tramadol ER for acute severe pain and the patient has benefitted from a short course of this medication in the past. The patient suffered from an acute exacerbation of severe pain related to a chronic orthopedic condition. The use of opioids in the past has decreased similar acute flare-ups with the patient demonstrating improvement in function. The strength and quantity were not noted, however, in a RFA dated 8/8/13, the request is for Tramadol Hydrochloride ER 150 mg #90. Therefore, the request for Tramadol ER is medically necessary.