

<b>Case Number:</b>	CM13-0022652		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 physician 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:

The patient is a 55-year-old female who reported a work-related injury on 12/12/2011 as a result of repetitive motion to the bilateral upper extremities and cervical spine. Subsequently, the patient was treated for the following diagnoses: right radial and cubital tunnel syndrome, right common extensor tendon and radial collateral ligament disruption by magnetic resonance imaging of questionable clinical significant and cervical radiculopathy. The clinical note dated 10/30/2013 reported that the patient was seen under the care of her primary treating physician, [REDACTED], for her continued pain complaints. The provider documented that the patient treated with a different provider for her right elbow pain; the patient had completed a recent course of physical therapy. The provider documented that the patient's cervical spine pain had been about the same per the patient, rated at a 5/10 to 6/10. The patient was requesting acupuncture treatment. The provider documented that upon physical exam of the patient, normal reflex, sensory and power testing were noted to the bilateral upper and lower extremities, except for mild weakness and numbness to the left at C6-7. The provider documented decreased left biceps and triceps reflexes and normal gait; the patient was able to heel-toe walk bilaterally. The provider documented positive cervical tenderness; cervical spine range of motion was decreased 25%. The patient had equivocal Lhermitte's and Spurling's signs. The provider documented that x-rays performed in clinic revealed C5-6 and C6-7 spondylosis. The clinical notes documented that the patient was administered the topical analgesic, Methoderm as well as Anaprox, Fexmid, Tramadol ER 150 mg and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for prescription for Fexmid 7.5 mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The current request is not supported. The clinical notes document that the patient continues to present with cervical spine and bilateral upper extremity pain complaints since status post a work-related injury sustained in 2011. The clinical notes documented that the patient had been utilizing Fexmid chronically in nature. The California MTUS indicates that Fexmid is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Therefore, given the above, the request for Fexmid 7.5 mg #120 is neither medically necessary nor appropriate.

**Request for prescription of Tramadol 150 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request is not supported. The most recent clinical documentation submitted by the requesting provider, [REDACTED] does not document the patient's reports of efficacy with her current medication regimen; review of the clinical notes evidenced that the patient had been utilizing her medication regimen chronically in nature. The California MTUS indicates that Tramadol is a synthetic opioid affecting the central nervous system. Furthermore, the California MTUS indicates, "4 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 '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given all of the above, the request for Tramadol 150 mg #60 is neither medically necessary nor appropriate.