

<b>Case Number:</b>	CM13-0044524		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Mississippi. 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:

The injured worker has a date of injury 3/19/2010. Per the primary treating physician's progress report and supplemental reports, the injured worker had ongoing right shoulder pain/scapular winging. The injured worker had been able to vacuum, wash dishes, play and walk. On physical exam of the right shoulder there was trigger point in the right upper trapezius. Range of motion was 160, 38, 114, 42, 50 and 64 degrees. The injured worker had a mouth guard. Diagnoses include 1) cervical, thoracic, and lumbar sprain with bilateral leg radiculopathy 2) bilateral shoulder strain with bilateral upper extremity tenosynovitis, De Quervain's release 3) trigger finger with medial and lateral epicondylitis 4) cubital tunnel syndrome 5) psychiatric, sleep, and internal medicine complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REQUEST FOR TRAMADOL 50MG #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain section and Opioids, specific drug list section, page(s) 82, 83, 93.

**Decision rationale:** The UR decision was to modify the request to approve only 60 tablets of Tramadol 50 mg with no refills, to allow for weaning off this synthetic opioid pain medication.

The Injured worker is noted to have been treated by several different pain medications, and has had surgery in May 2013. She has neuropathic pain in her right upper extremity. She has had trigger point injections, epidural injections and has participated in a fibromyalgia study that consisted of exercises and cognitive behavioral therapy. This injured worker's pain syndrome is complex, and the use of Tramadol is supported for the use in neuropathic pain and other pain syndromes. The use of Tramadol is recommended by the cited guidelines. The request for Tramadol 50 mg 120# is determined to be medically necessary.