

<b>Case Number:</b>	CM13-0066455		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	11/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Family Medicine and is licensed to practice in New Jersey. 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 claimant is a 35 year old female who injured her right arm leading up to 2/23/12. She was diagnosed with tenosynovitis of her right wrist, neck pain, complex regional pain syndrome, and fibromyalgia. She was treated with oral analgesics, topical analgesics; sleep aids, muscle relaxants, gabapentin, prednisone, antidepressants, physical therapy, nerve blocks, and home exercises. She was seen by her pain specialist physician on 1/28/13 after having a trial with Tramadol and reported that it was not helpful and that she would like to try another medication to treat her chronic pain and was prescribed Vicodin and Neurontin as well as gentle exercises. Tramadol was then discontinued. She then, according to the records provided, never restarted Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 TRAMADOL ER 150 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this claimant had many months prior to the request, discontinued Tramadol due to its inability to control the pain and according to the wishes of the worker at the time. No record was seen in the notes provided suggesting she or her physician was interested in retrying Tramadol for any reason. Therefore, the request for Tramadol 150 mg #120 is not medically necessary and appropriate.