

<b>Case Number:</b>	CM14-0004113		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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:

Patient is a 30-year-old who has submitted a claim for cervical strain, herniated cervical disk with radiculitis, impingement syndrome of the right shoulder, right elbow internal derangement, lateral epicondylitis, rule out cubital tunnel syndrome, right wrist internal derangement with tenosynovitis, tendonitis, rule out carpal tunnel syndrome, right hand, s/p right elbow ulnar nerve transposition associated with an industrial injury date of July 30, 2010. Medical records from 2012-2013 were reviewed which showed consistent pain in the right shoulder and left arm. She described the pain as shooting accompanied by spasms. The pain was aggravated by getting dressed, washing her hair, folding and putting away clothes. She stated that she needs help bathing. Her pain scale was at 8/10. Pain radiates into the right hand with a pain scale of 4/10. There was also constant aching, throbbing pain in the right wrist. Pain increases with washing dishes which radiates to the fingertips accompanied by numbness. Lastly, she complained of sharp and shooting left wrist pain which radiates into the fingers. Pain increases with making a fist with the left hand. Her pain scale is at 8/10. Physical examination showed tenderness on right anterior acromial region. Active range of motion of the cervical spine was normal in all planes. Shoulder provocative tests namely, Impingement, Hawkins, Neer and Supraspinatus tests were all negative bilaterally. Range of motions of both elbows was normal in all planes. Finkelstein, Phalen, Tinel and Mill tests were all negative. MRI of the cervical spine dated 2011 showed normal results. MRI of the right wrist showed mild osteonecrosis of the carpal bone. MRI of the right wrist on arthrogram 2012 showed increased signal beneath the transverse retinacular near median nerve and subchondral cyst formation at the cuboid and navicular bones. MRI of the right shoulder done on 2012 showed os acromiale. No other abnormalities noted. EMG (electromyography) on 2011 revealed mild right ulnar nerve entrapment at the elbow. Treatment to date has included activity modifications, wrist brace, 12 occupational therapy sessions,

cortisone injection to the right shoulder, physical therapy and acupuncture sessions. Medications taken were Ultram, Anaprox 550mg, Prilosec, Fexmid 7.5mg, Naproxen 500mg, Loratadine 10mg, Levora .15/30, Omeprazole 20 mg, Neurontin 800mg, Norco and Flexeril. Utilization review date of December 22, 2013 denied the request for Tramadol HCL ER 150 mg capsule #30 because patient is currently taking opioid medication. Tramadol is contraindicated in patient taking opioid medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TRAMADOL HCL ER 150 MG CAPSULE, QUANTITY 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN , TRAMADOL (ULTRAM) SECTION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 79-81.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been prescribed with Tramadol since at least April 2013. Although medical records mentioned pain relief from intake of medications, it did not establish the presence of ongoing functional improvement. Furthermore, compliance-measuring methods were also not evident based on the records submitted for review. The Chronic Pain Medical Treatment Guidelines requires clear and concise documentation for continuing opioid management. The request for Tramadol HCL ER 150 mg capsule, thirty count, is not medically necessary or appropriate.