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| <b>Case Number:</b>   | CM14-0008168 |                              |            |
| <b>Date Assigned:</b> | 01/24/2014   | <b>Date of Injury:</b>       | 07/25/2001 |
| <b>Decision Date:</b> | 06/27/2014   | <b>UR Denial Date:</b>       | 11/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2013 |

### 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:

Patient is a 73-year-old male who has submitted a claim for slip and fall injuring head, left side of body and right hand, left radial head fracture, bilateral thoracic outlet syndrome associated with an industrial injury date of 7/25/2001. Medical records from 2003-2013 were reviewed which revealed continues pain on his right elbow. Pain is aggravated by repetitive gripping and grasping. Use of elbow brace and topical analgesic reduce pain. Patient also complains of headache and insomnia. Physical examination showed full range of motion of his right elbow with pain at the extremes of flexion and extension. Tenderness was noted over the right lateral epicondyle. Adson test was positive on the right. Phalen and Tinel tests were negative bilaterally. Treatment to date has included physical therapy sessions, home exercise program and cortisone injections. Medications taken include Tylenol, Voltaren, Wellbutrin, Lunesta, Lyrica, Zolpidem, Tramadol, Nexium and transdermal patch. Utilization review date of 11/22/13 modified the request for Tramadol for one month supply to allow weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ONE MONTH SUPPLY FOR WEANING:** Upheld

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

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

**Decision rationale:** As stated on pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, 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, the patient has been using Tramadol since at least 1/14/09. However, quantified pain measures and functional status were not documented. Compliance measuring methods were also not evident based on the records submitted for review. In addition, the request failed to specify the dosage, frequency of use, and quantity to be dispensed. Therefore, the request for tramadol one-month supply for weaning is not medically necessary.