

<b>Case Number:</b>	CM14-0018681		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	12/30/2001
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 65-year-old female with a date of injury of 12/30/2001. The listed diagnoses per [REDACTED] are: 1. Status post lateral epicondylar release, left elbow. 2. Lateral epicondylitis, right elbow. 3. Clinical carpal tunnel and cubital tunnel syndrome. According to progress report dated 01/16/2014 by [REDACTED], the patient presents with bilateral elbow pain. Examination of the bilateral elbow revealed tenderness at the lateral epicondyle and pain with terminal motion. Examination of the bilateral wrists revealed positive Tinel's sign and positive Phalen's sign. There is also a positive right trigger thumb and pain with terminal flexion. [REDACTED] is requesting a refill of tramadol ER 150 mg #90. Utilization review denied this request on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 150 MG #90 1 TAB DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60,61.

**Decision rationale:** This patient presents with bilateral elbow and bilateral wrist pain. The treating physician is requesting a refill of tramadol ER 150 mg #90. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient has been prescribed Tramadol since at least 10/08/2013, possibly longer as this is the earliest report provided for review. Subsequent reports from 10/31/2013 and 11/26/2013 do not provide any discussions on pain reduction or any specific functional improvement from taking Tramadol. In addition, the treating physician does not provide a "pain assessment" or a numerical scale to measure pain, as required by MTUS. Given the lack of sufficient documentation the request is not medically necessary and appropriate.