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| <b>Case Number:</b>   | CM14-0124526 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 08/10/2011 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 07/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2014 |

### 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:

The patient is a 40-year-old female who has submitted a claim for persistent right wrist ulnar-sided pain with numbness, status post right carpal tunnel release and ulnar decompression, left cubital tunnel syndrome, left carpal tunnel syndrome, left ring and long digit triggering, right carpal tunnel syndrome, right cubital tunnel syndrome, associated with an industrial injury date of August 10, 2011. Medical records from 2014 were reviewed. The latest progress report, dated 06/18/2014, showed aching pain in bilateral shoulders and bilateral wrists which was rated at 8/10. A physical examination revealed tenderness about the carpal tunnel of the right upper extremity. There was tenderness about the cubital tunnel as well. The ulnar side of the wrist joint was tender. There was no instability. Sensation was diminished in the median and ulnar distribution. There was limitation in the range of motion. The left upper extremity revealed tenderness about the A1 pulley of the long and ring digits. There was no instability about the left hand or wrist. There was full range of motion although there was obvious triggering of the long and ring digits at the A1 pulley. There was diminished strength in flexion and extension of the left wrist, as well as all fingers. There was decreased sensation bilaterally in the median and ulnar distributions. The treatment to date has included right carpal tunnel release and ulnar decompression (02/04/2013), bilateral carpal and medications such as Tramadol ER and Hydrocodone/APAP as early as January 2014. Utilization review from 07/16/2014 denied the request for the purchase of 60 tablets of Tramadol ER 150mg because there have been no objective findings indicating improvement in pain or function from baseline. The request for 60 tablets of Hydrocodone/APAP 10/325m was modified to 15 tablets Hydrocodone/APAP 10/325mg because the patient was being weaned from this medication since 08/30/2013 due to lack of objective evidence revealing improvements in pain and baseline function. However, weaning process was continued.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 93-94, 113.

**Decision rationale:** According to page 93-94 and 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. 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, patient has been taking Tramadol as early as January 2014, simultaneously with Hydrocodone/APAP. However, the recent progress report does not reveal analgesia or improvement in functional activities. The medical necessity cannot be established due to insufficient information for continued use. Therefore, the request for Tramadol ER 150mg #60 is not medically necessary.

**Hydrocodone/APAP 10/325mg #60:** Upheld

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

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

**Decision rationale:** As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Hydrocodone/APAP as early as January 2014. However, the recent progress report does not reveal analgesia or improvement in functional activities. There were no documented adverse effects or aberrant drug use. The guideline criteria were not met. Furthermore, the medication was already weaned since August 30, 2013. The rationale for continued use of this medication was not specified. Therefore, the request for Hydrocodone/APAP 10/325mg #60 is not medically necessary.

