

<b>Case Number:</b>	CM14-0151005		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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 injured worker is a 52-year-old male who reported an injury on 04/20/2012. The mechanism of injury involved a fall. The current diagnoses include cervical spine sprain/strain with radiculopathy in the bilateral upper extremities, thoracic spine sprain/strain, bilateral shoulder tendinitis, right lateral epicondylitis, bilateral knee sprain/strain, lumbar spine sprain/strain, and left wrist pain. Previous conservative treatment is noted to include physical therapy, electrical stimulation, massage therapy, and chiropractic treatments. The current medication regimen includes tramadol 50 mg, Neurontin 300 mg, and Prilosec 20 mg. The injured worker was evaluated on 08/25/2014 with complaints of persistent pain over multiple areas of the body. The physical examination on that date revealed difficulty rising from a sitting position and stiffness with ambulation. Treatment recommendations at that time included an x-ray of the right shoulder and left wrist, an orthopedic consultation, and continuation of the current medication regimen. A Request for Authorization Form was then submitted on 08/27/2014 for tramadol 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF TRAMADOL 50MG, #60 WITH 1 REFILL:** 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): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically appropriate.

**1 X-RAYS OF THE LEFT WRIST (3-VIEWS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 week to 6 week period of conservative care and observation. As per the documentation submitted, there was no physical examination of the left wrist provided for this review. Therefore, the medical necessity for the requested imaging study has not been established. Therefore, the request cannot be determined as medically appropriate at this time.