

<b>Case Number:</b>	CM14-0157624		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupation 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 40 year-old female with date of injury 04/23/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/03/2014, lists subjective complaints as pain in the left wrist. Patient is status post open release of carpal tunnel, left wrist, performed on 01/07/2014. PR-2 was handwritten and illegible. Objective findings: Examination of the left wrist revealed tenderness to palpation and positive Tinel's and Phalen's signs. Decreased sensation was noted about the thumb, index and long fingers. Diagnosis: 1. Carpal tunnel syndrome, left wrist. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. A previous claim review notes that Tramadol was certified on 04/17/2014 for weaning purposes only. Medications: 1. Tramadol ER 105mg, #60 SIG: twice a day

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 105mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): Page 113.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of tramadol. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids.