

<b>Case Number:</b>	CM14-0182580		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Psychiatry 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:

Injured worker is a 56 year old female with date of injury 12/10/2012. Date of the UR decision was 10/02/2014. Per report dated 9/25/2014, the injured worker presented with subjective complaints of bilateral elbow pain left right, interfering with ADL's and her sleep. She broke in tears at that appointment and stated ADLs such as dressing, combing hair, vacuuming because her significant discomfort. She also reported being depressed and stated that pain was interfering interfere with her sleep. She was experiencing difficulties falling sleep and waking up early in the morning. She was diagnosed with Epicondylitis of elbow Lateral, bilaterally; status post left lateral epicondyle decompression surgery on 11/i2/2013; Insomnia NOS and Carpal Tunnel Syndrome, Left. She stated the medication including tramadol/acetaminophen 37.5/325 three times daily as needed, topical analgesic cream twice daily as needed relieves her symptoms fairly well on average basis 70%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy quantity 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23,100-102.

**Decision rationale:** Upon review of the submitted documentation, it is ascertained that the injured worker has been suffering from depression and has been experiencing trouble sleeping secondary to the chronic pain. Per guidelines, behavioral treatment could be helpful for her. However, the request for Cognitive Behavioral Therapy quantity 12 exceeds the guideline recommendations for an initial trial and thus is not medically necessary.

**Tramadol HCl/APAP 37.5/325, quantity 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

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

**Decision rationale:** The injured worker is being prescribed medications including Tramadol/Acetaminophen 37.5/325 three times daily as needed, topical analgesic cream twice daily as needed which relieves her symptoms fairly well on average basis 70%. The request for Tramadol HCl/APAP 37.5/325, quantity 90 is medically necessary for the treatment of pain.