

<b>Case Number:</b>	CM14-0024539		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 40-year-old female who reported an injury on 04/23/2012. The mechanism of injury is repetitive motion. The diagnoses included wrist sprain/strain and carpal tunnel syndrome. Previous treatments included left wrist exercise kit, TENS unit, and medication. Within the clinical note dated 04/19/2014 it was reported the injured worker complained of right wrist pain. The injured worker complained of right wrist numbness. Upon the physical examination the provider noted tenderness to palpation of the left wrist with spasms, tenderness to the right wrist, a positive Tinel's and Phalen's. The provider requested tramadol for pain and a urine drug screen. However, the Request for Authorization was not provided for clinical review. The clinical documentation submitted is largely illegible.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for tramadol ER 150 mg #60 is non-certified. The injured worker complained of left wrist pain and right wrist pain with numbness. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. The injured worker has been utilizing the medication since at least 01/2013. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is non-certified.

**URINE ANALYSIS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The request for a urinalysis is non-certified. The injured worker complained of left wrist pain. She also complained of right wrist pain with numbness. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, as a screening of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant drug seeking behaviors or whether the injured worker was suspected of illegal drug use. A urine drug screen would be appropriate for individuals on opioids. A urine drug screen after the initial baseline would not be recommended unless there was significant documentation of aberrant drug seeking behaviors. There is lack of documentation indicating when the last urine drug screen was performed. Additionally, the request for tramadol had been denied; therefore, the medical necessity for a urine drug screen would not be medically warranted. As such, the request is non-certified.