

<b>Case Number:</b>	CM14-0043614		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 48-year-old female, who has submitted a claim for bilateral carpal tunnel syndrome, cervical and lumbar herniated nucleus pulposus, lumbar facet syndrome, cervical and lumbar myalgia/myofascitis and cervical and lumbar muscle spasms, associated with an industrial injury date of March 18, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of neck and low back pain and bilateral wrist pain. Physical examination of the cervical spine showed the following range of motion (ROM): flexion at 50 degrees, extension at 35 degrees, lateral flexion to the right at 30 degrees, lateral flexion to the left at 30 degrees, rotation to the right at 70 degrees and rotation to the left at 70 degrees. Cervical spine evaluation revealed myofascial trigger points in the trapezius on both sides. Foraminal compression test was positive on the right. Shoulder depressor was positive on the left and right. ROM of the lumbar spine were as follows: flexion at 50 degrees, extension at 10 degrees, lateral right at 20 degrees and lateral left at 20 degrees. Examination of the lumbar spine revealed tenderness in the lumbar region on both sides and erector spine on both sides. Kemps was positive bilaterally. Examination of the thoracic spine revealed tenderness. Examination of the wrists revealed tenderness on the right anterior wrist (grade 3) and posterior wrist (grade 3). Positive tinels and phalens were noted bilaterally. MRI of the cervical spine done on December 5, 2013 showed disc desiccation at C2-C3 down to C6-C7; Broad-based posterior disc protrusion with posterior osteophytic complex at the level of C3-C4; Mild focal central posterior disc protrusion at the levels of C4-C5 and C5-C6. MRI of the lumbar spine done on December 5, 2013 showed disc desiccation at the levels of L4-L5 and L5-S1. Broad based disc protrusion was seen at the levels of L4-L5 and L5-S1. EMG/NCV done on December 5, 2014 showed severe compressive neuropathy of the median nerves at the wrist, affecting both axonal and myelin diagnostic for carpal tunnel syndrome, right greater than left. Treatment to date has included

Gabapentin, Tramadol, Prilosec and Tizanidine. Utilization review from March 10, 2014 denied the request for Ultram 50mg, 30 days duration #60 however, reasons for denial were not made available.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 50 mg. 30 days duration #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning 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, the patient has been prescribed Ultram since February 24, 2014 for pain relief. Documents submitted for review did not show a baseline urine drug screen which is a prerequisite prior to opioid use. Although there was a functional improvement from based on the document dated February 14, 2014, there was no documentation with regards to the psychosocial functioning and occurrence of any potentially aberrant drug-related behaviors. Likewise, as per CA MTUS guidelines it does not recommend Tramadol as a first line oral analgesic. In addition, records review did not show any treatment failure from the recommended first line oral analgesic. Therefore, the request for Ultram 50mg, 30 days duration #60 is not medically necessary.