

<b>Case Number:</b>	CM14-0067791		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 50-year-old female who sustained a work related injury on 09/11/2012 as result of lifting a heavy mattress. Since then she has had nearly continuous elbow pain. On her most recent PR-2 dated 03/25/2014 she complained of right lateral and medial elbow pain. She has a complaint of shoulder pain in the past and reports that this is improved. She has returned to work, but reports experiencing pain while working. On exam, she has palpable tenderness along both the medial and lateral epicondyle of her bilateral elbows. Provocative testing includes a positive Tinel's sign of the cubital tunnel and positive flexion test. Range of motion testing of bilateral elbows is normal in all planes of motion. Neurovascular status intact with motor functioning measured as 5/5 to all muscle groups. Diagnostic testing has included an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities on 11/13/2013 that identified carpal tunnel syndrome (CTS). In dispute is a decision for Tramadol HCI ER Tablets 100mg (actually 150mg), #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCI ER Tablets 100mg:** Overturned

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

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

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system, is indicated for moderate to severe pain and is not classified as a controlled substance by the DEA. The immediate release formulation is recommended at a dose of 50 to 100mg by mouth every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER: Patient currently not on immediate release Tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). The patients currently on immediate release Tramadol calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with selective serotonin reuptake inhibitor (SSRIs), serotonin-norepinephrine reuptake inhibitor (SNRIs), tricyclic antidepressants (TCAs), and monoamine oxidase inhibitor (MAOIs), and triptans or other drugs that may impair serotonin metabolism. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction. Therefore the request is medically necessary.