

<b>Case Number:</b>	CM14-0189088		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 29 year old female who suffered a work related injury on 10/15/13 when she threw a bag. Prior treatments included physical therapy with no improvement, steroid injections, with not improvement. No dates were supplied for these treatments. She has also received a trial of acupuncture, medications and a brace. Current treatments include Depo-Medrol Injection, Celebrex, Flexeril, Naproxen, and Tylenol with Codeine, Ibuprofen, Gabapentin, Lyrica, and Tramadol. Per the physician notes from 09/29/14, the injured worker has chronic pain on the left forearm, left hand and wrist. She could grip well and could not flex the thumb at all. She had trouble holding items in the left hand. She could hold a piece of paper, but could not fold laundry or carry a gallon of milk. She had tenderness to palpation on the left lateral epicondyle. There was swelling noted of the wrist joint. There was restriction of range of motion of the left wrist. Muscle strength was limited by pain. Diagnoses include chronic pain, left lateral epicondylitis, left DeQuervains tenosynovitis, and myofascial pain syndrome. She had work restrictions of lifting no more than 10 pounds, no repetitive gripping, grasping, fine manipulation, and push and pull no more than 10 pounds for the left upper limb. Treatment plan included hand therapy trial or surgical consult, add Lyrica for neuropathic pain since she felt sleepy on Gabapentin, and continuation of Tramadol. The Tramadol was denied by the Claims Administrator on 10/22/14 and was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg QTY 120 day supply with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80 and 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain, left lateral epicondylitis, left DeQuervains tenosynovitis, and myofascial pain syndrome. In addition, there is documentation of Tramadol used as a second line treatment. Furthermore, given documentation of a signed Opioid agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. In addition, given documentation of ongoing treatment with Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, based on guidelines and a review of the evidence, the request for Tramadol HCL 50 mg QTY 120 day supply with 1 refill is not medically necessary.