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| <b>Case Number:</b>   | CM14-0195360 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 03/11/2011 |
| <b>Decision Date:</b> | 03/16/2015   | <b>UR Denial Date:</b>       | 11/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female injured worker who sustained a work related injury on 03/11/2011. The injured worker reportedly struck her arm on a wall. The current diagnosis is lateral epicondylitis. According to the progress report dated 10/23/2014, the injured worker's chief complaints were pain in right elbow, forearm, and index finger with tingling in her right wrist and right elbow, 5/10 on a subjective pain scale. The physical examination revealed positive Tinel's sign involving right median nerve as well as a positive grind test involving the carpometacarpal joint. There is sensory loss in the right median nerve distribution. On this date, the treating physician prescribed Tramadol 50 mg #90. In addition to Tramadol, the treatment plan included Butrans patch, Lidoderm patches, and Topamax. A Request for Authorization Form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker followed up on 10/23/2014. The injured worker was given a prescription for tramadol 50 mg to be taken on an as needed basis; however, there was no documentation of a failed to respond to nonopioid analgesics prior to the initiation of tramadol. The medical necessity has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.