

<b>Case Number:</b>	CM14-0202517		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Family Practice and is licensed to practice in Utah. 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:

This female worker experienced sharp pain in her right hand radiating up into the more proximal portion of her right upper extremity. The date of injury was May 11, 2010. Diagnoses include degeneration lumbar lumbosacral disk, spondylosis, lumbosacral syndrome, cervicobrachial and neck pain. An MRI of the right shoulder revealed moderate rotator cuff tendinosis with partial articular surface disruption of the subscapularis tendon, flattening tendinosis and medial subluxation of the long head biceps tendon at the rotator interval, probable focal degenerative tear of the anterior/superior labrum with degenerative fraying of the superior labrum and type II Acromion with moderate from a clavical arthrosis. An EMG revealed mild residual left carpal tunnel and mild right carpal tunnel syndrome. On September 10, 2014, the injured worker complained of chronic bilateral upper extremity pain and cramping in her bilateral hands and feet. She stated that the colder weather increased her pain in the hands with cramping pain. She stated that medications help to reduce some pain and allow for better function. A request was made for Tramadol 50mg #90. On November 20, 2014, utilization review partially denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg half to one tablet 3 times daily as needed #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Tramadol. According to the clinical records, it is unclear what the results/outcome of taking the medication was. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Some documentation of analgesia is noted. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines, Tramadol is not indicated as a medical necessity to the patient at this time.