

<b>Case Number:</b>	CM14-0207143		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/06/1998
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 57 year old male with an injury date of 02/08/98. Based on the 10/02/14 progress report, the patient complains of right elbow pain. He is tender over the left medial elbow with a positive Tinel's sign. He is tender over the left shoulder with a positive impingement sign. The 11/06/14 report indicates that the patient continues to have pain in his left shoulder and his left medial elbow. There is slightly diminished sensation in the left 4th and 5th fingers. The 11/20/14 report says that the patient feels depressed, hopeless, abandoned, betrayed, and agitated. No additional positive exam findings were provided on this report. The patient's diagnoses include the following: Recurrent left ulnar neuropathy status post previous left ulnar nerve transposition Calcific tendinitis in the left shoulder Status post bilateral carpal tunnel release Left lateral epicondylitis Recurrent right carpal tunnel syndrome by nerve conduction study Anxiety Major depressive disorder The utilization review determination being challenged is dated 11/26/14. Treatment reports were provided from 10/02/14- 11/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

**Decision rationale:** The patient presents with pain in his left shoulder and his left medial elbow. The request is for Tramadol ER 150 MG #30 for pain. He is tender over the left medial elbow and over the left shoulder with a positive Tinel's sign and a positive impingement sign. The patient has been taking Tramadol as early as 10/02/14. None of the reports provided discuss what Tramadol has done for the patient's pain and function. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. None of the reports provided give any discussion of any change in the patient's pain and function. None of the 4 A's were addressed as required by MTUS. The provider fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures were provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Tramadol ER is not medically necessary.