

<b>Case Number:</b>	CM14-0209007		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/08/2003
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

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

Patient is a 51 year-old male with date of injury 12/08/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/17/2014, lists subjective complaints as pain in the right shoulder and right arm, right elbow, and right wrist. Objective findings: Examination of the right shoulder revealed tenderness to palpation of the right acromioclavicular joint. Moderate pain with right shoulder internal and external rotation. Decreased sensation to light touch of the right palmar surface of the thumb. Moderate tenderness to palpation of the anterior portion of the right wrist. Diagnosis: 1. Unspecified disorder of the bursae and tendons in shoulder region 2. Bicipital tenosynovitis 3. Primary localized osteoarthritis, shoulder region 4. Medial epicondylitis of elbow 5. Lateral epicondylitis of elbow 6. Contusion of elbow 7. Sprain/strain of hand 8. Carpal tunnel syndrome. Original reviewer modified medication request to Tramadol 50mg, #120. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Tramadol 50mg, #146 SIG: po TID

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #146:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months.