

<b>Case Number:</b>	CM15-0138086		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, Florida, 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:

The injured worker is a 33 year old female, who sustained an industrial injury on 11/21/2013. She reported tripping and falling, arms out to the floor, landing on her hands and knees. Diagnoses have included right carpal tunnel syndrome, right cubital tunnel syndrome, right lateral epicondylitis, right impingement syndrome and bilateral knee contusions. Treatment to date has included occupational therapy, injections, acupuncture, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5/15/2015, the injured worker complained of right shoulder pain described as stabbing and pinching. The pain radiated to the right upper arm and shoulder blade. She also complained of right hand pain with weakness, numbness and tingling. She complained of bilateral knee pain described as stiffness and aching. Exam of the right shoulder revealed tenderness to palpation. There was tenderness to the medial and lateral epicondyles of the right elbow-forearm. There was medial joint line tenderness at both knees. Authorization was requested for Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13 83 and 113 of 127.

**Decision rationale:** This claimant was injured in 2013 in a trip and fall. Diagnoses have included right carpal tunnel syndrome, right cubital tunnel syndrome, right lateral epicondylitis, right impingement syndrome and bilateral knee contusions. Treatment to date has included medication with unknown objective benefit. As of May 2015, there was still right shoulder pain and knee pain. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.