

<b>Case Number:</b>	CM15-0141447		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 58 year old female injured worker suffered an industrial injury on 5-3-2010. The diagnoses included bilateral carpal tunnel syndrome with release along with persistent symptoms. The diagnostics included electromyographic studies and nerve conduction velocity studies. The treatment included surgery and medication. On 6-3-2015 the treating provider reported persistent numbness and tingling in both hands that was frequent with constant pain. The right hand symptoms go up to the shoulder. The injured worker had returned to work with restrictions. The requested treatments included Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg twice a day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol; Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 78-80, 93, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 12, 13, 83 and 113 of 127.

**Decision rationale:** This claimant claimed an injury five years ago, and had bilateral carpal tunnel syndrome with release and other persistent symptoms. As of June 2015, there was persistent numbness and tingling in both hands with reported constant pain. Objective functional improvement out of past tramadol usage is not noted. 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 this is therefore not supported. The request is not certified and therefore is not medically necessary.