

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0143347 |                              |            |
| <b>Date Assigned:</b> | 08/04/2015   | <b>Date of Injury:</b>       | 11/27/2010 |
| <b>Decision Date:</b> | 09/01/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2015 |

### 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: 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 60 year old female, who sustained an industrial injury on 11-27-10. She has reported initial complaints of right hand and wrist injury working as a house keeper. The diagnoses have included carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, injections, and other modalities. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right wrist and electromyography (EMG) and nerve conduction velocity studies (NCV) of the right wrist. The diagnostic reports are not noted in the records. Currently, as per the physician progress note dated 6-18-15, the injured worker is for follow up visit regarding her complaints of symptoms related to carpal tunnel syndrome. It is noted by the physician that the injured worker continues with symptoms and uses her Tramadol to good effect. The current medications included Tramadol, Aspirin, Benicar, Vitamin D2, and Atorvastatin. The vital signs were blood pressure 167 over 91, pulse 73 and height 5 feet 2 inches. The pain index is 6 out of 10 on the pain scale. There are no other physical findings noted. The physician requested treatment included Tramadol 50mg one tablet at bedtime for wrist pain #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg one tablet at bedtime for wrist pain #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is no objective evidence of functional improvement or decrease in pain with prior use of Tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg one tablet at bedtime for wrist pain #30 is determined to not be medically necessary.