

<b>Case Number:</b>	CM15-0145682		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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(n) 50 year old female, who sustained an industrial injury on 6-23-10. She reported pain in her right upper extremity. The injured worker was diagnosed as having status post avulsion fragment of the head and of the third metacarpal bone, post-concussive head injury with persistent headaches and complex regional pain syndrome of right upper extremity. Treatment to date has included a stellate ganglion block which gave her an anaphylactic reaction, a TENS unit, Motrin, Topamax, Nexium, Lidoderm patch, Ambien and Tramadol. As of the PR2 dated 6-9-15, the injured worker reports right upper extremity pain radiating to the shoulder and to the chest wall. Objective findings include diffuse hypoesthesia to pinwheel in the right upper extremity. The treating physician requested to continue Tramadol 50mg #30. Refills of Tramadol are not documented for the past year and urine drug screen on 6/9/15 is negative for Tramadol or its metabolites.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the use of opioids only if very specific standards are met. These standards include frequent review of medication use with documentation of use patterns, level of pain relief, length of pain relief, functional improvements as a result of use and the absence of drug related aberrant behaviors. It is no clear if this individual is utilizing the Tramadol or the recommendation is just be repeated in the computerized medical records. Apparently there has been no refills for many months and the drug testing was negative. Without updated adequate documentation, the Tramadol is not supported by Guidelines. The Tramadol 50mg. #30 is not medically necessary.