

<b>Case Number:</b>	CM15-0149730		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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) 57 year old female, who sustained an industrial injury on 1-15-13. She reported injury to her face, bilateral hands and knees after falling and striking her face on a tree. The injured worker was diagnosed as having tenosynovitis of hand and wrist, carpal tunnel syndrome and head injury. Treatment to date has included a right knee cortisone injection on 1-8-15, a right thumb trapeziectomy on 2-20-15, occupational therapy and Tramadol since at least 4-3-15. On 5-15-15 the injured worker rated her pain an 8 out of 10. As of the PR2 dated 6-29-15, the injured worker reports right wrist and left knee pain. She rates her pain a 7 out of 10. Objective findings include limited right wrist range of motion, tenderness over the bilateral medial joint lines and a positive McMurray's sign bilaterally. The treating physician requested Tramadol 50mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 76-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in January 2015 and underwent right thumb arthroplasty in February 2015. When seen, pain was rated at 6/10. Physical examination findings included eight BMI of over 37. There was decreased right wrist range of motion. There was decreased knee range of motion with medial joint line tenderness and positive McMurray's testing. There was decreased lower extremity strength. Medications were continued. Flexeril and Tramadol were being prescribed. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.