

<b>Case Number:</b>	CM15-0166744		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 43 year old female who sustained an industrial injury on 03-01-2004. The injured worker was diagnosed as having carpal tunnel, neck sprain and strain and internal derangement of the left shoulder. Treatment to date has included medications, physical therapy (6 sessions), occupational therapy (33 session) and medications. Currently, the injured worker complains of increased feeling numbness and more frequent dropping of items. She states her hands go "dead" with the right greater than the left. There is also complaint of constant cervical spine pain and stiffness and radiation into the left upper extremity to the biceps with numbness and tingling. She has not been seen for greater than one year because she states she thought her treatment had been denied. On exam, her cervical range of motion is flexion 40 degrees, extension 50 degrees, left and right lateral extension each at 35 degrees, left rotation 65 degrees and right rotation 70 degrees. She has spinous process tenderness and paravertebral muscle spasm with upper trapezius muscle spasm bilaterally. Sensory evaluation of the hands is unremarkable. The left AC joint, soft tissues and osseous structures are tender to palpation. Her shoulder range of motion is slightly restricted on the left. The treatment plan is for physical therapy for the cervical spine and bilateral wrists, and an orthopedic evaluation. A request for authorization was submitted for Tramadol Q6Hr 150mg #120. A utilization review decision (07-22-2015) modified the request to Tramadol 150mg #60 weaning off over the next 2-3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Q6Hr 150mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, specific drug list.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for an unknown length of time. Pain scores were not noted. Failure of Tylenol or Tricyclic use was not noted. Continued use was not justified and not medically necessary.