

<b>Case Number:</b>	CM15-0200325		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/18/2002
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 57 year old female who sustained an industrial injury on 11-18-2002. Medical records indicated the worker was status post right hand laceration with tendon injury, status post right chronic tendon injury with secondary reconstruction, and status post cortisone injection x1 (08-21-2015) for right ulnar neuritis upper extremity. She also is status post left carpal tunnel release, wrist flexor tenosynovectomy (02-25-2014) and left ulnar neuropathy cubital tunnel status post cortisone injection on 07-10-2015. She also has depression and anxiety. In the provider notes of 08-21-2015, the worker complains of pain in the right wrist and thumb, numbness of the left and right elbows, sensitivity of the right elbow, giving way of both wrists, and tingling from the right and left wrists to all fingers with flexion and extension of the wrists. Objectively, there was tenderness to the ulnar nerve within the cubital tunnel on the right, a positive right elbow flexion test, a positive right ulnar Tinel's sign cubital tunnel, decreased light touch right 4th and 5th, decreased light touch left ulnar nerve distribution. Plans include acupuncture for another 12 visits, topical compounded creams, and Tramadol ER. A request for authorization was submitted for Tramadol ER (extended release) 150mg, #30. A utilization review decision 09-17-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER (extended release) 150mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been receiving Tramadol since at least March 2015 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary and should not be authorized.