

<b>Case Number:</b>	CM15-0023762		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 35-year-old female who reported an injury on 01/26/2011 due to an unspecified mechanism of injury. On 02/13/2015, she presented for a follow-up evaluation regarding her work related injury. She reported persistent right shoulder, wrist, and hand pain rated at a 7/10 on the VAS. She stated that she was doing fairly well on her medications and that she had increased her Topamax and Gabapentin, but was having difficulty sleeping and was asking for Lunesta, which had helped for her in the past. It was also stated that she was doing fairly well on tramadol for pain. A physical examination showed tenderness to the right acromioclavicular joint more than the glenohumeral joint. Right shoulder abduction and flexion were to 120 degrees and associated with pain. There was tenderness to the right wrist baseline at the thumb with swelling noted in that area. There was also tenderness of the right abductor pollicis brevis muscle and tenderness to the right forearm musculature area with decreased grip noted right greater than left. She was diagnosed with chronic pain, right De Quervain's tenosynovitis, right shoulder adhesive capsulitis, right rotator cuff tendinitis with impingement, and left shoulder pain. Her medications included Topamax 50 mg 1 by mouth 3 times a day, Gabapentin 300 mg 3 a.m., 2 at bedtime for neuropathic pain, trazodone 50 mg 2 to 3 q. by mouth at bedtime as needed, Celebrex 100 mg 1 by mouth 2 times a day as needed, Lunesta 3 mg 1 by mouth at bedtime as needed, and tramadol 50 mg 1 by mouth q. 6 hours as needed. The treatment plan was for tramadol 50 mg #120. The rationale for treatment was to continue treating the injured worker's pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.