

<b>Case Number:</b>	CM15-0025042		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/28/2015
<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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 28 year old female who sustained an industrial related injury on 6/26/13. The injured worker had complaints of pain, numbness, and tingling in her fingers. Physical examination findings included anterior shoulder tenderness to palpation, decreased forward flexion of the right shoulder, reduced sensation in bilateral medial nerve distributions, and reduced grip strength bilaterally. Phalen's test and Tinel's test were positive bilaterally. Diagnoses included bicipital tenosynovitis and carpal tunnel syndrome. The treating physician requested authorization for Tramadol HCL 50mg #60 with 2 refills. The request was non-certified on 1/29/15. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation of objective functional improvement with prior use of the medication, no documentation of a current urine drug screen, no risk assessment profile, no attempt at weaning and no updated and signed pain contract. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #60 x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

**Decision rationale:** Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit of 12/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.