

<b>Case Number:</b>	CM15-0029586		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 51-year-old female, with a reported date of injury of 03/19/2012. The diagnoses include status post left scaphoid fracture, status post left carpal tunnel release, status post left ulnar nerve release, left hand Writer's cramp, and status post left radial tunnel decompression, left carpal tunnel release, left wrist arthroscopy, left ulnar nerve decompression, left radial tunnel syndrome, left cubital tunnel syndrome, and bilateral compression of the median consistent with carpal tunnel syndrome. Treatments have included left stellate ganglion block on 09/22/2014, oral medications, trigger point injections times two, Botox injections into the left forearm, decompression of multiple nerves in the left forearm and wrist, and electrodiagnostic testing. The progress report dated 08/20/2014 indicates that the injured worker complained of left upper extremity pain. She rated her pain 6 out of 10. The injured worker was unable to pick up anything with her left hand. An examination showed multiple well-healed surgical incisions in the left upper extremity, no evidence of clonus or spasticity in the upper extremities, and good circulation in the bilateral upper extremities. The treating physician requested Ultram 50mg #120. The rationale for the request was not indicated. On 02/03/2015, Utilization Review (UR) denied the request for Ultram 50mg #120, noting that there was no documentation that Norco had been discontinued by the provider; no clear rationale as to why the claimant was prescribed two short acting opioid medications; and no documentation of current urine drug test result, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract. The MTUS Chronic Pain Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, CRITERIA FOR USE OF OPIOIDS Page(s): 113, 76-78, 88-89.

**Decision rationale:** The patient presents with left elbow pain radiating to the left hand, rated 8/10. The request is for ULTRAM 50 MG # 120. Physical examination on 11/03/14 to the left elbow revealed tenderness to palpation over the medial and lateral epicondyle and over the ulnar nerve. Tinel's test was positive in the left ulnar nerve at the elbow and wrist. Patient's prior treatments include injections and spinal cord stimulator. Per 01/26/15 progress report, patient's diagnosis include status post left scaphoid fracture, status post left carpal tunnel release, status post left ulnar nerve release, writer's cramp and status post left radial tunnel decompression, left carpal tunnel release, left wrist arthroscopy and left ulnar nerve decompression. Patient's medications per 08/20/14 progress report include Topomax, Levothroxine and Norco. Per 01/26/15 progress report, patient is to remain off-work until 03/12/15. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, patient's medications include Topomax, Levothroxine and Norco. It appears that Ultram is being initiated in progress report 01/26/15 to help control chronic pain. However, initiating a new opioid cannot be supported as there are no functional assessments to necessitate the start of a new opioid. MTUS states that "functional assessment should be made. Function should include social, physical, psychological, daily and work activities." Furthermore, there are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, specific ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.