

<b>Case Number:</b>	CM15-0222434		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48 year old female, who sustained an industrial injury on 4-22-13. The injured worker was being treated for cervical spine pain, right carpal tunnel syndrome, left carpal tunnel syndrome and right and left shoulder pain. On 10-13-15, the injured worker complains of sharp cervical spine pain rated 8 out of 10, left upper extremity pain rated 8 out of 10 with radiation to elbow, right shoulder pain rated 5 out of 10 and bilateral wrist-hand pain rated 7 out of 10 with tingling, stiffness and numbness at night. She is currently totally temporarily disabled. Physical exam performed on 10-13-15 revealed restricted cervical spine range of motion with positive Neer's, Alpley's and Hawkin's and positive Durkin's, Tinel's and Phalen's of bilateral wrists and hands with old healed scar. EMG study of upper bilateral extremities was read as normal and NCV was abnormal with suggestion of incomplete release on left. Treatment to date has included right carpal tunnel release, left shoulder arthroscopy (7-29-15), oral medications including Tramadol 50mg (since at least 2-5-15), Celebrex 100mg, physical therapy, home exercise program and activity modifications. The treatment plan included request for Tramadol 50mg #60 with 2 refills, Celebrex 100mg #30, continuation of home exercise program and additional physical therapy. On 11-4-15 request for Tramadol 50mg #60 with 2 refills was modified to #60 with 0 refills by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Tramadol 50 MG Qty 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing pain in the upper back, left tingling arm pain that went into the elbow, right shoulder pain, pain in the wrists and hands with tingling and stiffness and numbness at night, and problems sleeping. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the workers function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 180 tablets of tramadol 50mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.