

<b>Case Number:</b>	CM15-0037229		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/16/2007
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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  
 Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on 01/16/2007. He has reported pain in the left wrist, elbow, and shoulder. The diagnoses have included shoulder pain; chronic pain syndrome; and carpal tunnel syndrome. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Norco, Tramadol, Diclofenac ER, Terocin cream, and Omeprazole. A progress note from the treating physician, dated 01/26/2015, documented a follow-up visit with the injured worker. The injured worker reported left shoulder and bilateral wrist pain; and medications help improve his function and ability to perform daily activities with less pain. Objective findings included paracervical muscle tenderness on the right and left; right shoulder tenderness to palpation; moderate pain with shoulder range of motion; and tenderness to palpation over the right lateral epicondyle. On 01/30/2015, Utilization Review non-certified a prescription for Tramadol HCL ER 200 mg #30. The CA MTUS and the ODG were cited. On 02/03/2015, the injured worker submitted an application for IMR for review of a prescription for Tramadol HCL ER 200 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 94-96.

**Decision rationale:** The review of the medical documentation indicates that the requested medication, Tramadol HCL ER 200mg mg is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the documentation provided is lacking of California MTUS opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the claimant. The patient is also maintained on opioid therapy with Norco. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item is not established. The requested treatment is not medically necessary.