

<b>Case Number:</b>	CM15-0045451		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 37 year old female, who sustained an industrial injury on October 2, 2009. The injured worker was diagnosed as having thoracic outlet syndrome, carpal tunnel syndrome, lateral epicondylitis, myofascial pain, chronic pain syndrome, and hand injury. Treatment and diagnostic studies to date have included medication and carpal tunnel release. A progress note dated February 10, 2015 the injured worker complains of bilateral upper extremity pain with the right greater than left. She reports doing home exercise program and that she wants to wean off Oxycodone and transition to Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120 with 2 refills:** Upheld

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

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

**Decision rationale:** Guidelines recommend use of opioids for moderate to severe pain. Patients taking opioids chronically should be monitored for efficacy, side effects, functionality, and signs

of aberrant drug use. In this case, the patient continues to suffer from pain, but documentation is lacking regarding change in functionality and assessment for aberrant drug use. Thus, the request for Ultram 50 mg #120 with 2 refills is not medically appropriate and necessary.