

<b>Case Number:</b>	CM15-0045660		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/11/2015
<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: California

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 40 year old female, who sustained an industrial injury on 09/25/2012. She reported a wrist injury. The injured worker is currently diagnosed as having carpal tunnel syndrome, myofascial pain syndrome, DeQuervain's tenosynovitis, left lateral epicondylitis, and left wrist sprain. Treatment to date has included wrist braces, exercises, trigger point injections, physical therapy, and medications. In a progress note dated 01/30/2015, the injured worker presented with complaints of left elbow and wrist pain and right list extensor compartment pain. The treating physician reported recommending physical therapy for shoulders, neck, left elbow, and hand and prescribed Lyrica, Thermacare Heatwrap, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare Heat-Wrap, #30 with 2 Refills (Prescribed 1/30/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses physical treatment methods. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that regarding physical treatment methods, passive modalities are not recommended. Medical records document a history of forearm, wrist, and hand complaints. The utilization review letter dated 1/2/15 documented that a previous request for ThermaCare heat wraps #30 with 2 refills that were prescribed on 12/19/14 was authorized on 1/2/15. There was a subsequent request for authorization dated 2/1/15 for ThermaCare heat wraps #30 with 2 refills that were prescribed on 1/30/15. The primary treating physician's progress report dated 1/30/15 documented that ThermaCare heat wraps were to be applied daily. Therefore, the 12/19/14 prescription for ThermaCare was a three month supply, and the 1/30/15 request was premature. The 1/30/15 progress report did not document benefit with the ThermaCare heat wraps. ACOEM indicates that passive modalities are not recommended. Therefore, the request for ThermaCare heat wraps is not medically necessary.

**Tramadol 50 MG, 1 Tab Twice Daily, #30 (Prescribed 1/30/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48, 271-273, Chronic Pain Treatment Guidelines Opioids Page 74-96. Tramadol (Ultram) Pages 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. MTUS Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for upper extremity conditions. The primary treating physician's progress report dated 1/30/15 documented that Tramadol did not help pain. Tramadol was discontinued. Because Tramadol did not provide analgesia, the request for Tramadol is not supported by the medical records or

MTUS guidelines. Medical records document the long-term use of Tramadol. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. ACOEM guidelines indicate that the long-term use of opioids is not recommended for upper extremity conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. Therefore, the request for Tramadol is not medically necessary.