

<b>Case Number:</b>	CM15-0046199		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male, who sustained an industrial injury on 08/08/2014. Initial complaints reported included right wrist pain and tailbone/low back pain. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, physical therapy, x-rays of the right wrist and lumbar spine, injection to the right wrist, MRI of the right wrist (10/18/2014), and MRI of the lumbar spine (01/05/2015). Currently, the injured worker complains of constant low back and tailbone pain with a severity rating of 4-6/10, frequent numbness and tingling in the left lower extremity, and constant pain in the right wrist and base of right thumb with a severity rating of 4-6/10 and inability to grasp objects with the right hand. Current diagnoses include sprain injury of the right wrist and right thumb, chronic myofascial pain syndrome of the thoracic/lumbar spine (moderate to severe), pain and numbness of the right hand - rule out carpal tunnel syndrome or radial nerve entrapment, and pain and numbness in the left leg. The treatment plan consisted of electrodiagnostic testing (EMG/NCV) of the upper extremities, medications (including tramadol and ibuprofen), continued right wrist bracing and use of donut pillow, home stretching exercises, swimming pool exercises daily, deep breathing type meditation for relaxation, and follow-up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 (or non adherent) 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. There is no clear documentation of pain and functional improvement with previous use of the Tramadol. There is no clear documentation of continuous documentation of patient compliance with his medications. There is no documentation of the medical necessity of Tramadol over NSAID. Therefore, the prescription of Tramadol 50 mg #120 is not medically necessary.