

<b>Case Number:</b>	CM15-0057604		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/28/2000
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 60 year old female who sustained an industrial injury on 4/28/00 as continuous trauma starting in the upper extremities and progressing to her hands as numbness. She was treated with medications and physical therapy which was effective for short periods and then symptoms would return. She currently complains of pain in the left shoulder, upper back, both hands and arms. Her pain intensity is 8/10. Medications are Flexeril, Tramadol, and gabapentin. Medications keep her functional. Diagnoses include carpal tunnel syndrome, status post-surgery on the right; degenerative disc disease of the cervical spine; chronic pain in bilateral arms, forearms and wrists; shoulder impingement syndrome; rotator cuff tear; superior labrum anterior on posterior lesion; pain induced insomnia; right middle finger with trigger finger. Treatments to date include physical therapy, medications offering temporary relief. Diagnostics include MRI of the cervical spine (7/16/12) with abnormal findings; MRI of the left shoulder (7/8/13) with abnormal findings. In the treating provider's plan of care dated 3/4/15 the provider indicates that the injured worker's functionality is benefitted with Tramadol. Without Tramadol there is less functionality, no pain reduction and she exhibits no addictive behavior. In the note from 2/2/15 the treating provider indicates that the injured workers pain medication is monitored on a 30-90 day basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 04/28/2000 and presents with pain in her left shoulder, upper back, both hands, and arms. The request is for TRAMADOL 50 MG #180. There is no RFA provided and the patient is permanent and stationary. The patient has been taking tramadol as early as 11/11/2014. For chronic opiate use in general, MTUS Guidelines pages 88 and 89 state, the patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 11/11/2014 and 12/02/2014 reports state that the patient rates her pain as an 8/10 without medications and a 5-6/10 with medications. She does have more functionality as a result of the medications. She denies any reactions, side effects, or allergies to medications. On 01/06/2015 and 02/02/2015, the patient rates her pain as an 8/10 without medications and a 4/10 with medications. In this case, the treater does provide before-and-after medication usage to document analgesia and provides a discussion on adverse behavior/side effects. However, there are no examples of ADLs which demonstrate medication efficacy. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. There are no urine drug screens provided to show that the patient is consistent with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested tramadol IS NOT medically necessary.