

<b>Case Number:</b>	CM15-0083100		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female sustained an industrial injury on 3/13/07. She subsequently reported pain in hands, wrists, neck and back. Diagnoses include chronic pain syndrome, pain in limb and repetitive strain injury. Treatments to date include x-ray and MRI testing, therapy, splints, TENS treatment, acupuncture and prescription medications. The injured worker continues to experience bilateral shoulder, arm and hand pain. Upon examination, the injured worker has tenderness to palpation over the bilateral shoulders. A retrospective request for Tramadol ER medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Tramadol ER 150mg (DOS 03/27/2015) Qty: 60.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 81, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work injury and March 2007 and continues to be treated for bilateral shoulder, arm, and hand pain. When seen, she had been taking tramadol for two months. Tramadol is referenced as providing a dramatic improvement in pain as well as mood. Physical examination findings included bilateral shoulder and wrist tenderness. There was medial and lateral epicondyle tenderness. Tramadol ER was prescribed and a total MED (morphine equivalent dose) of 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations and tramadol was providing significant pain relief. In this case, there are no identified issues of abuse or addiction. Therefore, the prescribing of Tramadol ER is medically necessary.