

<b>Case Number:</b>	CM15-0083643		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, 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:

The injured worker is a 36 year old female who sustained an industrial injury on 4/15/14 from repetitive motion involving her bilateral wrist, right hand, right shoulder. She complained of bilateral wrist pain, right shoulder pain and numbness in the right hand. She currently complains of (2/13/15) of pain in both hands with sensation that they are falling asleep. She has a pain level of 8/10 in her right wrist/ hand and 5/10 in the left. She has persistent right shoulder pain that radiates to the upper arm with a pain level of 7/10. She has right elbow and cervical pain with pain level of 5/10. On physical exam she has positive Tinel's to both carpal tunnels; positive Durkin and Phalen's sign at bilateral wrists. Her current medications facilitate maintenance of activities of daily living including self-care, light housework, shopping and cooking. Her medications are Tramadol ER, cyclobenzaprine, naproxen, pantoprazole. Diagnoses include bilateral carpal tunnel syndrome; left middle finger ganglion; right shoulder acromioclavicular osteoarthropathy and subacromial bursitis; right greater than left median neuropathy; rule out right cubital syndrome; cervical myofascial pain. Treatments to date include physical therapy; wrist splints; anti-inflammatory medication. Diagnostics include electromyography/ nerve conduction study (9/29/14) demonstrated moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome and on 12/12/14 showed the right upper extremity consistent with mild right carpal tunnel syndrome and no evidence of ulnar neuropathy, radial neuropathy or cervical radiculopathy. In the progress note dated 2/13/15 the treating provider's plan of care includes request for Tramadol ER as this medication has facilitated the elimination of immediate release opioid. It improves tolerance to exercise, improved range of motion and improved activities of

daily living. A progress report dated January 23, 2015 indicates that tramadol facilitates an average 5 point decrease in pain level and activity independence. Greater range of motion is noted with greater tolerance of exercises. No intolerable side effects are noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 150mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Tramadol 150mg #60, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use. In light of the above, the currently requested Tramadol 150mg #60 is medically necessary.