

<b>Case Number:</b>	CM15-0087019		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Emergency 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 female, who sustained an industrial injury on 7/1/09. She reported a bilateral hand injury. The injured worker was diagnosed as having carpal tunnel syndrome bilaterally, status post decompression; stenosing tenosynovitis along the A1 pulley of all fingers of both hands and depression and sleep disorder secondary to chronic pain. Treatment to date has included carpal tunnel decompression, oral medications, physical therapy, and home exercise program and activity restrictions. Currently, the injured worker complains of prickly sensation or numbness in second and third fingers bilaterally more on right than left. Physical exam noted tenderness along carpal tunnels bilaterally at the base of second and third fingers bilaterally. A request for authorization for treatment was submitted for Naproxen, Pantoprazole and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Tramadol ER 200mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

**Decision rationale:** The requested 1 Prescription of Tramadol ER 200mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has prickly sensation or numbness in second and third fingers bilaterally more on right than left. Physical exam noted tenderness along carpal tunnels bilaterally at the base of second and third fingers bilaterally. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, 1 Prescription of Tramadol ER 200mg #30 is not medically necessary.