

<b>Case Number:</b>	CM14-0084328		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/12/2006
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67-year-old female who reported an injury on 08/12/2006 due to a fall. The injured worker was diagnosed with right distal radius and ulnar fracture, right median carpal tunnel syndrome, complex regional pain syndrome, right forearm and wrist flexion contractures, and left elbow radial head fracture. Past medical treatment consists of stellate ganglion blocks, spinal cord stimulator implantation, physical therapy, and medication therapy. Medications consist of tramadol ER 50 mg. The injured worker has undergone x-rays and EMG/nerve conduction studies. On 05/12/2014, the submitted lacked any indications of objective or submitted physical findings. The medical request is for the continue tramadol. The rationale was not submitted for review. The Request for Authorization form was submitted on 11/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL tablets 100mg ER, Days Supply: 30 Quantity: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82,93-94,113; 78.

**Decision rationale:** The request for Tramadol HCL tablets 100mg ER, Days Supply: 30 Quantity: 60 is not medically necessary. California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. An assessment indicating pain levels before, during and after should be submitted for review. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the tramadol was helping with any functional deficits. There were no drug screens or urinalysis submitted for review indicating that the injured worker was compliant with medication. Furthermore, there was no submitted documentation showing what pain levels were before, during, and after medication administration. Given the above, the injured worker not within MTUS recommended guidelines. As such, the request is not medically necessary.