

<b>Case Number:</b>	CM14-0215695		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 63 year old female was injured 10/12/12 resulting from repetitive cumulative trauma involving her bilateral elbow, forearm, wrist and hand pain with numbness and tingling; lower back pain with numbness to the left leg; bilateral knee pain, neck pain and development of migraines and alleged inappropriate personal actions involving alcohol and opiod abuse. It was determined by orthpedics that the back and knee pain were not industrial related. Her past medical history included motor vehicle accidents (1993 and 2010) without residual effects; right knee arthroscopy for torn meisus; right wrist fracture (1990's) Her treatments included pain medications, aquatic therapy, massage therapy, physical therapy, mental health treatment, acupuncture, multiple pain injections and radiographic tests. The above treatments led to mild decrease in pain. The mental health treatments were not very helpful. She wears braces on both wrists. Over time the back pain has decreased but the wrist pain has increased. Electrodiagnostic studies for carpal tunnel syndrome were negative. Her pain level in both bilateral wrist areas and upper and lower back were 6-8/10. Her diagnoses include atrial fibrillation, depression, anxiety, alcohol and opiod dependence; cervical, thoracic and lumbar sparain/ strain; bilateral medial and lateral epicondylitis; bilateral de Quervain tenosynovitis and left knee arthritis. She had sleep difficulties due to pain. Her medications include Sotalol, Tramadol, Celexa and Trazadone. She had some compromise in performing activities of daily living. She had difficulty with standing, sitting, walking, climbing stairs, holding objects and lifting. Range of motion was slightly decreased. External rotation of the shoulders versus resistance produced bilateral wrist pain. Wrist flexion produced pain in her thumbs bilaterally. Finkelstein sign was positive bilaterally.

Her gait was normal and straight leg raise was negative. on 9/30/14 the injured worker underwent a tenosynovectomy, tenolysis, de Quervain's release left wrist and hand. The note dated 10/10/14 was not legible to this reviewer. The injured worker remains temporarily totally disabled and has not worked since 2012. On 12/11/14 Utilization Review non-certified a request for Ultram 50 mg 1 PO every 6 hours as needed #240 based on lack of sufficient documentation of clear and objective findings to support the extent of pain and the amount of medication that the injured worker has been taking over the past two years. In addition there is no documentation of a narcotic contract or drug screening. There are no significant objective findings that are legible to support long term opioid narcotic medications. MTUS Chronic Pain Medical Treatment Guidelines were referenced.

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

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

**Ultram 50mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of Tramadol. There is no documentation of recent narcotic contract. Therefore, the prescription of Ultram 50mg Quantity: 240 are not medically necessary.