

<b>Case Number:</b>	CM15-0113519		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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:

The injured worker is a 54 year old female who sustained an industrial injury on 10/05/2011 when she jammed her right ring finger in a sliding freezer door. The injured worker was diagnosed with lumbar spine disc herniation without myelopathy, bilateral hand sprain/strain, and bilateral carpal tunnel syndrome. Treatment to date has included diagnostic testing, conservative measures, physical therapy, psychiatric/psychological evaluation and follow-ups, acupuncture therapy, Cardio-respiratory and autonomic function testing in December 2014 and May 2015, Sudo Scan, chiropractic therapy and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience bilateral wrist and finger pain with numbness. The injured worker also reports low back pain and right knee pain. Examination demonstrated tenderness to the bilateral wrists/hands with positive Phalen's bilaterally. There was pain at end point range of motion bilaterally. Urine drug screenings dated December 20, 2014, March 5, 2015, April 6, 2015 and May 18, 2015 were inconsistent with prescribed and non-prescribed medications. Current medications are listed as Tramadol, Cyclobenzaprine, Naproxen, Omeprazole and topical analgesics. Treatment plan consists of chiropractic therapy, urine drug screening, orthopedic referral and the current request for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg 1 tab tid #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustain a work injury in October 2011 and continues to be treated for low back pain, right knee pain, and bilateral wrist and hand pain. When seen, there was positive Phalen's testing. There was wrist and hand tenderness and pain with range of motion. Medications include tramadol being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.