

<b>Case Number:</b>	CM15-0118347		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	06/19/2006
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 (IW) is a 65-year-old male who sustained an industrial injury on 06/19/2006. Diagnoses include posttraumatic head syndrome, status post head trauma; bilateral cubital tunnel syndrome, status post cubital tunnel release, left and right; bilateral lateral epicondylitis, status post lateral epicondyle release, left and right; possible cervical discogenic pain; and possible lumbar discogenic pain. Treatment to date has included medications, medial branch nerve blocks, radiofrequency nerve ablations, epidural steroid injections, home exercise, surgeries and psychiatric care. Findings of upper extremity electro diagnostic testing on 4/3/14 were abnormal and indicated carpal tunnel syndrome bilaterally. According to the progress notes dated 5/14/15, the IW reported slight to moderate neck pain that was intermittent to frequent. He also reported intermittent headaches radiating from the back to the front of the head. He complained of low back pain with intermittent to frequent radiation down the left lower extremity and bilateral elbow pain. All pain was described as activity-dependent. On examination, there was tenderness over the bilateral trapezius muscles, over the cervical spine midline from C2 to C6 and over the facets at C2-3 and C5-6, worse on the right. The lumbar spine was tender down the midline from L3 to S1 and over the facets, bilaterally, at L4-5 and L5-S1, also worse on the right. Heel-toe walk was painful. Both elbows were tender over the medial and lateral epicondyles. Regarding the wrists, carpal tunnel compression, Tinel's and Phalen's were positive bilaterally. A request was made for Ultram 50mg tid #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in June 2006 and continues to be treated for neck pain with intermittent headaches, radiating low back pain, and bilateral elbow pain. Ultracet is being prescribed and referenced as beneficial. When seen, there was a mild limp. There was cervical and lumbar spine midline and facet tenderness. There was bilateral elbow tenderness with normal range of motion. Tinel, Phalen, and carpal compression testing was positive bilaterally. There was decreased grip strength. Ultram (Tramadol) is an immediate release short acting medication 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.