

<b>Case Number:</b>	CM15-0123041		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 55 year old male sustained an industrial injury to the back, left shoulder, left wrist and left elbow on 1/24/12. Magnetic resonance imaging arthrogram left elbow (5/15/15) showed degenerative joint disease and findings consistent with lateral epicondylitis and a focal small tear involving the joint capsule posterior to the radial head. Magnetic resonance imaging lumbar spine (12/4/14) showed disc protrusion compressing the right L5 nerve root with mild facet hypertrophy and mild degenerative disc disease. Electromyography/nerve conduction velocity test bilateral lower extremities (3/29/13) showed possible right L4 and L5 radiculopathy. Electromyography/nerve conduction velocity test bilateral upper extremities (11/25/14) showed left cubital tunnel syndrome and possible peripheral neuropathy. Previous treatment included magnetic resonance imaging, left wrist arthroscopy, left shoulder arthroscopy, physical therapy, injections, epidural steroid injections and medications. In a PR-2 dated 6/8/15, the injured worker complained of pain to the mid and low back, left shoulder, left elbow, left wrist, and bilateral legs and feet. The injured worker rated his usual pain at 8/10, worst pain at 9-10/10 and least pain 6-7/10. The injured worker stated that his sleep pattern, functionality and medication usage were unchanged. The injured worker had been relying on the use of Tramadol as his pain medication since 2012. The injured worker was awaiting clearance for left elbow surgery. Current diagnoses included chronic pain syndrome, lumbar spine degenerative disc disease, lumbar spine spondylosis without myelopathy, sciatica, lumbago, shoulder osteoarthritis, underweight and dietary surveillance and counseling. The treatment plan included continuing medications (Tramadol and Amitiza) and follow up in three months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol HCl 50mg #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): s 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCl 50 mg #120 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is chronic pain syndrome. Date of injury is January 24, 2012. The most recent progress of the medical record is June 8, 2015. Subjectively, the worker has multiple complaints including low back pain, shoulder pain, elbow pain wrist pain and lower extremity left leg pain. Tramadol was started January 24, 2012. The injured worker received physical therapy, epidural steroid injections and underwent surgery. The injured worker takes tramadol 50 mg 3-4 tablets daily with 40 percent improvement. The injured worker is described as a low risk and has a signed pain contract. The documentation does not demonstrate objective functional improvement. There are no detailed pain assessments. The utilization review indicates there were #4 recommendations to wean the opiates. Consequently, absent clinical documentation demonstrating evidence of objective functional improvement and no documentation following recommendations for weaning, Tramadol HCl 50 mg #120 with two refills is not medically necessary.