

<b>Case Number:</b>	CM15-0123056		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/27/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 45 year old female, who sustained an industrial injury on August 20, 2009. The injured worker was diagnosed as having cervical discopathy/radiculitis, bilateral carpal tunnel syndrome, status post right lateral epicondyle, carpal tunnel and De Quervain's release. Treatment to date has included surgery, therapy and medication. A progress note dated March 3, 2015 provides the injured worker complains of neck pain radiating to upper extremities, headaches and wrist pain. The neck and left wrist pain is rated 5/10 and the right wrist pain is rated 2/10. Physical exam notes cervical tenderness on palpation with spasm and painful decreased range of motion (ROM). Spurling's maneuver is positive. The left wrist is tender on palpation with positive Phalen's and Tinel's test. There is full but painful range of motion (ROM). The right wrist reveals a well healed surgical scar. There is a request for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 100mg ER #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Tramadol Page(s): 76, 80, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Tramadol HCL 100mg ER #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient is being prescribed opioids, however the documentation does not support that the opioids are being prescribed per the MTUS Guidelines in accordance with increase in function or following of the 4 A's. The request for Tramadol is not medically necessary.