

<b>Case Number:</b>	CM15-0126420		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/21/2008
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female, who sustained an industrial injury on October 21, 2008. The injured worker was diagnosed as having carpal tunnel release, appendectomy and bilateral arthralgia. Treatment to date has included oral and topical medication home exercise program (HEP) and wrist braces. A progress note dated April 17, 2015 provides the injured worker complains of neck and hand pain. She reports it is unchanged from previous visit. The pain is rated 8/10. Her hand pain is rated 4/10. She complains of numbness and tingling radiating down her arms to the hands. Physical exam is conflicting noting normal nonantalgic gait and then noting a minimally antalgic gait. She is using a wrist brace on the right with 4/5 upper extremity strength. The plan includes chiropractic/physiotherapy multiple consultations with treatment, follow-ups and multiple medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury of 2008. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol 37.5/325mg #180 is not medically necessary and appropriate.