

<b>Case Number:</b>	CM15-0179179		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 64 year old female, who sustained an industrial injury on 3-13-07. The injured worker was diagnosed as having repetitive strain injury to upper extremities, shoulder and neck; pain in limb; chronic pain NEC; unspecified major depression, recurrent episode; therapeutic drug monitor. Treatment to date has included physical therapy; bilateral wrist splints; acupuncture; medications. Currently, the PR-2 notes dated 8-25-15 indicated the injured worker was in this office for a follow-up visit of bilateral upper extremity shoulder, arm and hand pain. She denies any acute changes. She continues to complain of shoulder and wrist pain, which increases with repetitive use of the upper extremities. It improved with rest, position change, medication, use of wrist splints, and TENS unit. The provider documents "She states she may be traveling to [REDACTED] at the end of September to visit a hot spring. She states she has heard people with pain similar to hers receive benefit from the warm water." The provider also notes "With regard to medication, she continues trying to decrease her dose of tramadol, as she would like to eventually transition to ibuprofen only. She states she is currently alternating between short and long-acting tramadol. She states she does have memory difficulty, and is unsure if these medications are the same or not. She is not sure if she is able to take ibuprofen while taking Ultracet. She has been authorized for purchase of the TENS unit. She does feel that this helps use less medication. Our request for participation in the functional restoration program has been denied by [REDACTED]." On physical examination, the provider documents "Patient complains of chills, night sweats and severe fatigue but denies fever. Patient complains of headaches but denies dizziness. EMG-NCS of the bilateral upper extremities dated 6-13-07 were grossly

normal." The provider documents bilateral upper and lower extremities with normal muscle tone and without atrophy. Spasm and guarding is noted lumbar spine. The provider documents "Changed-Discontinued Medications- Discontinued Tramadol HCL ER 150mg capsules #30 - patient will no longer be taking." He prescribed two months of her medications regime as she will be traveling out of the country and will not be returning until October. He notes her urinary drug screening last visit was "negative for all entities." A Request for Authorization is dated 9-11-15. A Utilization Review letter is dated 9-4-15 and modified the certification was for Tramadol/APAP 37.5-325mg #180 to a quantity of #73 only for weaning. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. The provider is requesting authorization of Tramadol/APAP 37.5-325mg #180.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol/APAP 37.5/325mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

**Decision rationale:** The claimant sustained a work injury in March 2007 and is being treated for bilateral shoulder, arm, and hand pain. When seen, she was trying to discontinue use of tramadol and wanted to transition to ibuprofen. Urine drug screening results were reviewed with testing that was incomplete. Physical examination findings included lumbar muscle spasms and muscle guarding. She was taking Tramadol ER and Ultracet and the extended release tramadol was discontinued. The total MED (morphine equivalent dose) was decreased from approximately 80 mg per day to less than 25 mg per day. A two-month supply was provided as the claimant was traveling and would not be available for a one month follow-up. In terms of weaning opioids, a slow taper is recommended and it is noted that the longer the patient has taken opioids, the more difficult they are to taper. In this case, although there was no documentation that medications were providing decreased pain, an increased level of function, or improved quality of life, weaning of the currently prescribed medications was being actively and appropriately done. Further weaning at the next visit would be expected. The request that was submitted was medically necessary.