

<b>Case Number:</b>	CM15-0065411		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/08/2000
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Emergency 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 64-year-old male, who sustained an industrial injury on 9/8/2000. He reported initial injury fell down stairs landing on hands, wrists and shoulders. The injured worker was diagnosed as having bilateral subacromial bursitis; right shoulder subacromial impingement; bilateral shoulder arthralgia; recurrent carpal tunnel syndrome, right wrist degenerative joint disease; right wrist flexor tenosynovitis. Treatment to date has included status post multiple bilateral shoulder arthroscopies; status post knee replacement (9/03); status post right carpal tunnel release (9/27/05) with revision (9/27/07) and again (11/15/12); status post right wrist ganglion cyst excision with carpal tunnel revision (no date); EMG/NCV upper extremity (2/11/14); MRI right wrist (2/24/14); drug toxicology screening; medications. Currently, the PR-2 notes dated 2/18/15 indicate the injured worker complains of right wrist/hand pain 6/10 levels. The injured worker is inquiring about additional therapy relative to deconditioning as a result of disuse, right upper extremity as left and right shoulder pain is at 5/10. The treatment plan included additional physical therapy for right wrist and upper extremity; follow-up with surgeon for right wrist complaints; continue to request EMG/NCV upper extremities with neurologic consultation; and dispense medications that include Tramadol HCL 150 mg for "breakthrough" or "rescue" pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 150 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-78.

**Decision rationale:** Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.