

<b>Case Number:</b>	CM15-0095097		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Family Practice

### 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 is a 50 year old female with a December 11, 2013 date of injury. A progress note dated April 17, 2015 documents subjective findings (follow up for elbow complaints), objective findings (tenderness along the A1 pulleys of the third and fifth digits with swelling to same; well preserved range of motion of the elbow; tenderness over the lateral epicondyle; pain with forced range of motion of the wrist; sonogram showing inflamed flexor tendons of the third and fifth digits at the A1 pulley), and current diagnoses (right elbow lateral epicondylitis per magnetic resonance imaging of February 23, 2015; right elbow partial tear of the extensor carpi radialis tendon per magnetic resonance imaging of February 23, 2015; pain in joint, upper arm). Treatments to date have included injections, medications, magnetic resonance imaging of the right arm, physical therapy, and bracing. The treating physician documented a plan of care that included Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg Tab #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol  
Page(s): 123.

**Decision rationale:** This injured worker receives treatment for chronic elbow pain. The patient had surgery for lateral epicondylitis which is related to an industrial injury date 04/17/2015. On exam there is tenderness along the A1 pulleys of the third and fourth digits. The elbow ROM was normal. This review addresses a request for Tramadol 50 mg # 60 tabs. Tramadol is a synthetic opioid. The treatment guidelines state that tramadol is not appropriate as a first line agent to treat pain. Tramadol may be most suitable as a second line agent in treating neuropathic pain, which this patient does not have. Based on the documentation, tramadol is not medically necessary.