

Case Number:	CM13-0046213		
Date Assigned:	07/02/2014	Date of Injury:	08/04/2004
Decision Date:	08/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old male who has submitted a claim for injury to ulnar nerve with healed wrist laceration, associated with an industrial injury date of August 4, 2004. Medical records from 2013 were reviewed. The progress reports available were illegible, but the medical review, dated 10/28/2013, showed that the patient was performing strenuous repetitive heavy-type work. Physical examination revealed grip strength was 40 pounds on the left and 80 pounds on the right, with a degree of pain in the wrist with motion and gripping activities. Treatment to date has included physical therapy and medications such as Ultram prescribed October 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON GOING MANAGEMENT Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

Decision rationale: As stated on page 93-94 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central analgesics such as Ultram are reported to

be effective in managing neuropathic pain but opioids are not recommended as first-line therapy for neuropathic pain. Opioids could be considered first-line for following circumstances: prompt pain relief while titrating a first-line drug, treatment of episodic exacerbations of severe pain and treatment of neuropathic pain. In this case, earliest evidence of Ultram use was October 2013. However, the progress reports for review were either illegible or outdated. There was no documented evidence of functional benefits from the medication. Furthermore, there was no discussion regarding the rationale for prescribing Ultram when it is not recommended as first-line therapy. There is no clear indication for continued use of Ultram. Therefore, the request for Ultram 50mg #60 with 2 refills is not medically necessary.