

<b>Case Number:</b>	CM13-0061977		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 61-year-old male with date of injury of 12/12/2012. The listed diagnosis per [REDACTED] dated 10/25/2013 is left thumb contusion with functional losses. According to the progress report, the patient complains of left wrist and left hand pain. Examination of the left hand revealed no erythema or edema. Flexion was limited at 20 degrees at the DIP joint and 45 degrees at the PIP joint with limited range of opposition. The treating physician is requesting refill for Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM (TRAMADOL 50MG), #120, DISPENSED 7/19/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TRAMADOL Page(s): 28-29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

**Decision rationale:** This employee presents with left thumb contusion. The treating physician is requesting refill for Ultram. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using the numerical scale or validated instrument at least once

every 6 months. Documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behaviors) is required. Furthermore, under outcome measures, MTUS also recommends documentation of current pain, average pain, least pain, time it takes for medications to work, duration of pain relief with medications, et cetera. Records show that the employee started taking tramadol on 07/19/2013. The treating physician documents medication efficacy on 09/13/2013 stating, "[The employee] continues to use Ultram and Biotherm to help alleviate [the employee's] pain. [The employee] reports improvement in pain level from 08/10 to 4/10 after taking medications." However, the treating physician failed to document functional improvement or improved quality of life. There are no outcome measures documented either. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the employee should be slowly weaned as outlined in the MTUS Guidelines. Recommendation is for denial.