

<b>Case Number:</b>	CM14-0126576		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 55-year-old female who reported an injury of unspecified mechanism on 03/04/2013. On 06/04/2014, the treatment plan included a prescription for Ultram ER. The clinical note stated that she was still experiencing some pain with range of motion. No body part was identified in the clinical notes. A Request for Authorization dated 07/29/2014 was included in this injured worker's chart. A diagnosis noted on the Request for Authorization was thumb, tenosynovectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro 6/4/14: Tramadol HCL 2 tablets every 8 hours 10 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Retro 6/4/14 tramadol HCl 2 tablets every 8 hours 10 day supply is not medically necessary. The California MTUS Guidelines suggest that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopoid analgesics. Baseline pain and functional assessments should be made. Function should include social,

physical, psychological, daily and work activities, and should be performed using a validated instrument with numerical rating scale. The patient should have at least 1 physical and psychosocial assessment by the treating doctor and a possible second opinion by a specialist, to assess whether a trial of opioids should occur. There is no evidence in the submitted documentation that this injured worker had failed trials of nonopoid analgesics. There is no baseline pain or functional assessments included in the documentation. There was no psychosocial assessment included in the documentation. The clinical information submitted failed to meet the evidence based guidelines for a trial of opioid analgesics. Therefore, this request for Retro 6/4/14 tramadol HCl 2 tablets every 8 hours 10 day supply is not medically necessary.