

<b>Case Number:</b>	CM14-0171305		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/23/2003
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Orthopedic Surgeon 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:

This is a 69 year old female with a 6/23/03 injury date. In a 9/17/14 note, the patient complained severe 7/10 right thumb pain. Tramadol ER 150 mg was taken once daily to relieve the pain. Objective findings included decreased sensation to light touch of the right thumb, thenar atrophy, right thumb base step-off deformity, positive grind test, and instability. The provider requested surgical treatment of the thumb and pre-op dispensation of additional Tramadol ER. A 9/30/14 UR decision approved the request for interposition arthroplasty of the right thumb. Diagnostic impression: thumb carpometacarpal (CMC) arthritis. Treatment to date: s/p thumb interposition arthroplasty, medications, physical therapy, injections. A UR decision on 9/30/14 denied the request for Tramadol ER because there has not been evidence of functional improvement or change in clinical findings from prior use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opiates Page(s): 113; 78-81.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2003 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing avoiding withdrawal symptoms. Therefore, the request for Tramadol ER is not medically necessary.