

Case Number:	CM14-0207449		
Date Assigned:	12/19/2014	Date of Injury:	12/19/2013
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/11/2014

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 Family Practice 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:

51 year old female claimant sustained a work injury on December 19, 2013 involving the fingers and hands. She was diagnosed with contusion in left hand in wrist. Since her injury she has been treated with Tylenol and Ibuprofen. In February 2014, she had been on Nabumetone for her pain. A progress note on November 3, 2014 indicated the claimant had continued 7-10 pain in the left wrist and right ankle. Exam findings were notable for tenderness in flexion and extension of the left wrist. There was tenderness and swelling in the right ankle with decreased range of motion. An MRI/arthrogram was requested for the left wrist. The claimant remained on Ultram extended release 150 mg daily for pain. She had been on Ultram for the prior month for which her pain score remained near the same at 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 MG Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain involved the hands and persisted over time while on Ultram. The continued use of Ultram ER as above is not medically necessary.