

Case Number:	CM15-0106390		
Date Assigned:	06/10/2015	Date of Injury:	09/26/2012
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 72 year old female with a September 26, 2012 date of injury.. A progress note dated May 6, 2015 documents subjective findings (locking of right small finger; Naproxen not working for pain; physical therapy helping, would like more sessions), objective findings (surgical scar on right hand; mild edema over small finger; mild tenderness to palpation over surgical scar; tenderness to palpation over small finger; triggering of small finger), and current diagnoses (small finger trigger finger; hand arthralgia; carpal tunnel syndrome). Treatments to date have included right carpal tunnel release with right ring finger trigger release; physical therapy, psychotherapy, and medications. The treating physician documented a plan of care that included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Tramadol is a direct Mu-Agonist, an opioid-like medication. As per MTUS chronic pain guidelines, initiation of opioids require establishment of a treatment plan, current pain/pain relief assessment and failure of non-opioid treatment. Documentation fails. Patient has finger pain and while there is documentation of failure of naproxen, the provider has failed to support need for stronger pain management or appropriate screening for potential adverse affect since patient is elderly and has comorbid medical problems or long term plan for pain management. Documentation fails to support need to initiate opioid therapy. Tramadol is not medically necessary.