

<b>Case Number:</b>	CM15-0135488		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old male, who sustained an industrial injury on 2/26/2015. He reported carrying a metal rail, lost his grip, and sustained a puncture wound. Diagnoses include closed fracture to the right ring finger, crush injury; status post Open Reduction and Internal Fixation (ORIF) of the right ring finger 3/12/15. The records indicated post-surgical infection that required surgical intervention and antibiotics. Treatments to date include Norco, splinting, and post-operative occupational therapy. Currently, he complained of ongoing pain in the right ring finger associated with swelling, numbness, and weakness. On 5/14/15, the physical examination documented "diffuse, severe swelling of the right ring finger, small finger and index finger" and restricted range of motion. The plan of care included Tramadol HCL 150mg capsules; take one daily as needed for severe pain #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL CAP 150mg ER #30 to be taken daily as needed for severe pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Tramadol Prescribing Information.

**Decision rationale:** The claimant sustained a work-related injury crush injury to the right fourth finger in February 2015 and underwent ORIF on March 2015. He continues to be treated for right fourth finger pain. Medications have included Norco, taken up to 8 times per day. When seen, there was diffuse finger swelling with decreased range of motion. Extended release tramadol was prescribed, 150 mg daily as needed. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED is less than 120 mg per day consistent with guideline recommendations, it is not prescribed on an as needed basis. As prescribed, it was not medically necessary.