

Case Number:	CM15-0148199		
Date Assigned:	08/06/2015	Date of Injury:	12/30/2013
Decision Date:	09/04/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 42 year old male who sustained an industrial fall injury on 12-30-2013 from a short ladder. The injured worker was diagnosed with comminuted fracture of the right wrist. The injured worker underwent a debridement and placement of an external fixator for reduction of multiple open fracture fragments on the day of injury and percutaneous pinning of the right scaphoid fracture and right carpal tunnel release with wrist and digit manipulation on March 5, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, hand therapy, steroid injections, home exercise program and medications. According to the primary treating physician's progress report on June 30, 2015, the injured worker continues to experience chronic right hand pain. The injured worker rates his pain level at 9 out of 10 on the pain scale without medications and 4 out of 10 with medications. Examination demonstrated tenderness to palpation over the right wrist and the right proximal interphalangeal joint of the ring finger. There was a 5mm nodule noted over the medial aspect of the proximal interphalangeal joint of the right finger which was soft and movable and without warmth or erythema. Range of motion of the right finger was decreased by approximately 30% flexion with full extension. The index and middle fingers were also noted to have decreased range of motion by approximately 20% with full extension. Current medications are listed as Tramadol and Gabapentin. The injured worker has work restrictions and is not working at the present time. Treatment plan consists of continuing home exercise program and the current request for Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hcl (hydrochloride) 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Tramadol (Ultram; Ultram ER; generic available in immediate release tablet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. In this case, the injured worker was recently weaned from long-term use of Ultracet. There is no documented change in symptoms that would warrant starting the opioid Tramadol at this point as he was only recently weaned off of Ultracet. The request for Tramadol Hcl (hydrochloride) 50mg, #90 is not medically necessary.