

<b>Case Number:</b>	CM15-0160089		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 41 year old male, who sustained an industrial injury on August 7, 2014. He reported injury to his left small finger. The injured worker was diagnosed as having rupture of radial collateral ligament of the PIP and DIP joints with volar plate incompetence of DIP joint. Treatment to date has included diagnostic studies, surgery, medication and hand therapy. The use of anti-inflammatory medication was noted to be helpful with discomfort, especially with forceful gripping activities. On October 1, 2014, the injured worker underwent reconstruction of the radial collateral ligament of the proximal interphalangeal joint with palmaris longus tendon graft of the left small finger with arthrodesis of the left small finger distal interphalangeal joint. On June 11, 2015, the injured worker complained of stiffness involving his left small finger. He reported less pain versus the persistent pain he had prior to surgery. The treatment plan included medication, an aggressive range of motion home exercise program and a follow-up visit. A request was made for Ultram ER 150mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Ultram ER 150mg #60. The RFA is dated 06/11/15. Treatment to date has included diagnostic studies, surgery (right knee surgery, 2008 and left small finger surgery 2014), medication and hand therapy. MTUS, Criteria For Use Of Opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient is status post left small finger arthrodesis on 10/01/14. Per report 06/11/15, the patient presents with pain in the left small finger distal interphalangeal joint. The patient reported weakness in the hand with some difficulty with gripping. Under treatment plan recommendation was made for Ultram which has been provided "for the patient's current pain that exceeds a moderate level and the enhanced function achieved with ADL on the medication." This is the only discussion provided regarding the requested Ultram. A UDS was requested on 07/16/15. Progress reports 01/26/15 through 07/16/15 were provided for review. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show functional improvement and there are no documentation regarding adverse effects. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.