

Case Number:	CM15-0168681		
Date Assigned:	09/09/2015	Date of Injury:	02/06/2015
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male with a date of injury on 2-6-2015. A review of the medical records indicates that the injured worker is undergoing treatment for laceration of hand and post-traumatic stress disorder. Medical records (5-6-2015 to 7-6-2015) indicate ongoing pain in his left hand with radiation to his left arm. The pain was associated with numbness, tingling and weakness. He rated the severity of the pain as 7. He stated that his symptoms were unchanged since the injury. Per the treating physician (7-6-2015), the employee was given restrictions of no reaching, grasping, torqueing and keyboarding with the left upper extremity. It was noted that from a psychological standpoint, the injured worker was temporarily totally disabled. The physical exam (5-6-2015 to 7-6-2015) reveals full range of motion of the left wrist. There was normal bulk and tone in all major muscle groups of the upper extremities. Treatment has included psychotherapy and pain medications (Tramadol since at least 6-3-2015). Per the 7-6-2015 progress report, urine toxicology random in office 8 panel test was performed; the results were negative. The original Utilization Review (UR) (8-7-2015) non-certified a request for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram 50 mg #60 with a dos of 7/6/2015: 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. In this case, the claimant was on Tramadol for over a month. There were inconsistencies in the UDS screen and there was no significant improvement in pain scores. Failure of Tylenol was not noted. The Tramadol on 7/6/15 was not medically necessary.