

<b>Case Number:</b>	CM15-0199874		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 injured worker is a 50 year old male who reported an industrial injury on 2-3-2010. His diagnoses, and or impressions, were noted to include: closed left wrist hamate bone fracture, status-post open reduction internal fixation surgery (2010); cervical-thoracic-lumbar sprain-strain; and major depressive disorder. Neuro-electrodiagnostic studies were noted done on 5-20-2015; no imaging studies were noted. His treatments were noted to include: a qualified medical evaluation in 4-2015 (no report noted), and a functional capacity assessment final report on 6-18-2015; psychiatric evaluation and treatment; trans-cutaneous electrical stimulation unit therapy; medication management; and rest from work. The progress notes of 5-12-2015 note he was no longer taking Ultracet. The progress notes of 9-21-2015 reported: increased pain, rated 9 out of 10, in his left wrist-hand, with trouble sleeping due to pain. The objective findings were noted to include: left wrist range-of-motion that was 50% normal of flexion, extension, and ulnar "deciation" when compared to right wrist 0% radial deviation; positive Phalen's and Tinel's, with decreased grip strength. The physician's requests for treatment were noted to include Ultram ER 100 mg for pain flare-up. The Request for Authorization, dated 9-21-2015, was noted to include a prescription for Ultram 100 ER mg, #30. The Utilization Review of 9-28-2015 non-certified the request for Ultram ER 100 mg, #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram Extended Release 100mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, specific drug list.

**Decision rationale:** 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, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, there was no mention of failure of 1st line medications. Tramadol is not 1st line for mechanical back or bone pain. The request for Tramadol is not medically necessary.