

<b>Case Number:</b>	CM15-0205072		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, North Carolina  
 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 51 year old female sustained an industrial injury on 01-04-2010. According to a progress report dated 09-09-2015, the injured worker continued to report left hand pain rated 6-7 on a scale of 0-10. Examination of the left hand demonstrated tenderness at the first webspace of the left hand. She had weakness in her grip and grasp in the left hand as compared to the right hand. Assessment included history of nondisplaced intrarticular fracture of the volar base of the middle phalanx of the left long finger. The treatment plan included Tramadol 50 mg twice a day #60 and Medrox ointment 10 grams. She was to continue gripping and grasping exercises. Follow up was indicated in four to five weeks. The provider noted that the injured worker settled the case with open future medical care. An authorization request dated 09-09-2015 was submitted for review. The requested services included Tramadol 50 mg twice a day and Medrox ointment 100 grams. Urine toxicology reports were not submitted for review. On 09-30-2015, Utilization Review non-certified the request for Tramadol (unspecified dosage and quantity). It is unclear from the records how long the injured worker had been prescribed Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol (unspecified dosage and quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** Tramadol is a centrally-acting synthetic opioid indicated for moderate to moderately severe pain. According to MTUS Guidelines, it is not intended for long-term use. Guidelines state that the 4 A's should be monitored for ongoing use of an opioid. They include analgesia, ADLs, adverse effects and aberrant behavior. These four parameters are not clearly reflected in the medical records. There is also no documentation of the prescription being issued from a single prescriber and no evidence of the lowest dose being used. Further, the request does not specify the dose or quantity of Tramadol. Therefore the request is not medically necessary or appropriate.