

Case Number:	CM15-0221143		
Date Assigned:	11/16/2015	Date of Injury:	07/01/2015
Decision Date:	12/29/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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 35 year old male who sustained an industrial injury on 07-01-2015. Medical records indicated the worker was treated for injury to his left ring finger. In the provider notes 10-26-2015, the injured worker complains of a moderate amount of discomfort in his left ring finger. His symptoms are stabilized and improving with the use of the medications and buddy taping. On exam, there is modest residual swelling with decreased tenderness with palpation over the volar plate as well as both collateral ligaments, slightly more on the radial side. No focal tenderness is present elsewhere in the left hand or proximally in the extremity. Stress testing of the collateral ligaments is significant for mild grimace without gross instability. The worker was dispensed Naprosyn 550 mg, 1 twice daily #60, Protonix 20 mg , twice daily #60, and , Ultracet 37.5/325 mg tabs 3 times daily #90. He has been on these same medications and dosages since at least 08-17-2015. A request for authorization was submitted for Retrospective request for Ultram ER 150 mg #60. A utilization review decision 10-13-2015 gave modified certification for Ultram ER 150 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultram ER 150 mg #60: Overturned

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

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

Decision rationale: The current request is for Retrospective request for Ultram ER 150 mg #60. The RFA is dated 08/18/15. Treatment history includes left ring finger injury, physical therapy, splint and medications. The patient's work status is restricted. MTUS Guidelines page 76 to 78, under the Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." MTUS, Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per report 08/17/15, the patient presents with worsening of the left ring finger pain which radiates to the hand. There is swelling that is increased with activities. Current medications include Tylenol #3, Naprosyn, and Protonix. The treater states that the patient is in constant pain, and recommended a trial of Ultram, and Tylenol #3 was discontinued. In this case, it appears that Tylenol #3 has not been effective in managing this patient's moderate and persistent pain. MTUS supports trialing new medication, if the current medication is ineffective or poorly tolerated. Given that the patient pain is persistent and progressively worsening with the current medication, a trial of Ultram at this juncture is supported. Therefore, the request is medically necessary.