

<b>Case Number:</b>	CM15-0034976		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/15/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Pennsylvania, Ohio, 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 was a 45 year old male, who sustained an industrial injury, September 15, 2014. The injury occurred when the injured worker slipped and fell. The injured worker landed on the back and left shoulder. According to progress note of December 19, 2014, the injured workers chief complaint was left wrist pain. The injured worker rated the pain as 9 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was also complaining of decreased grip strength, mobility and weakness. The injured worker was receiving benefit from physical therapy with decreased pain and the numbness was improving. The injured worker stated the Naproxen was no longer helpful for pain. The physical exam noted the injured worker was having increased anxiety, stress, depression and sleep disturbances. The primary treating physician also requested a psychology evaluation. The physical exam of the left wrist noted that the functional improvement was slower than expected due to pain. The mobility of the left wrist was decreased due to pain. The primary physician requested Tramadol for the pain at this time. The injured worker was diagnosed with severe left wrist contusion, left distal radius fracture and open reduction and internal fixation of the left distal radius. The injured worker previously received the following treatments laboratory studies, open reduction and internal fixation of the left distal radius, 24 visits of physical therapy, postoperative x-rays of the left wrist to check for hardware stability and Naproxen. On December 25, 2014, the primary treating physician requested authorization for a prescription for Tramadol 50mg #60. On February 7, 2015, the Utilization Review denied authorization for a prescription for Tramadol 50mg #60. The denial was based on the MTUS/ACOEM and ODG guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.