

Case Number:	CM15-0042997		
Date Assigned:	03/13/2015	Date of Injury:	12/20/2012
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48-year-old male who sustained an industrial injury on 12/20/2012. He fell from a platform approximately 10 feet on to concrete injuring right shoulder, arm and leg pain. Diagnoses include right wrist contusion and sprain with internal derangement, right hip and chest contusion, history of esophageal bleeding, possible triangular fibrocartilage complex tear and some other degenerative changes at the radioulnar joint per Magnetic Resonance Imaging. Treatment to date has included surgery, and medications. A physician progress note dated 01/09/2015 documents the injured worker has lower back, right hip and right wrist pain. Pain is constant and rated at 7 out of 10. Right wrist pain is rated 6 out of 10. There is decreased range of motion of the lumbar spine. He has decreased range of motion of the right wrist, and examination of the chest reveals tenderness to the anterior chest wall. He has tenderness over the right sacroiliac joint as well as the iliac crest region, and there is a positive Patrick's sign. The current treatment plan is to obtain the Magnetic Resonance Imaging report done on 01/26/2015 and the report from [REDACTED], pending authorization for a hand surgeon consultation and request for authorization for physical therapy. Treatment requested is for Ultram (Tramadol) 50 mg, ninety counts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Ultram Page(s): 74-123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for tramadol is not medically necessary.