

Case Number:	CM15-0232762		
Date Assigned:	12/08/2015	Date of Injury:	09/17/2015
Decision Date:	01/12/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	11/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 62 year old, male who sustained a work related injury on 9-17-15. A review of the medical records shows he is being treated for left middle finger injury. In the Initial Orthopedic Evaluation dated 9-21-15, the injured worker reports left middle finger injury. Upon physical exam dated 9-21-15, he has decreased range of motion in left middle finger. He has tenderness over the proximal interphalangeal joint upon palpation. Treatments have included use of a splint and medication. Current medications include Prilosec, Folic Acid, Tramadol and Lisinopril. He is not working. The treatment plan includes requests for an MRI of the left middle finger and splint applied. The Request for Authorization dated 9-21-15 has request for an MRI of left hand. A prescription was written for Tramadol. In the Utilization Review dated 11-17-15, the requested treatment of Tramadol 50mg. #40 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 62 year old male has complained of finger pain since date of injury 9/17/2015. He has been treated with medications to include opioids for at least 1-month duration. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioids therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.