

Case Number:	CM14-0142913		
Date Assigned:	09/10/2014	Date of Injury:	08/29/2013
Decision Date:	10/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic and finger pain reportedly associated with an industrial contusion injury of August 29, 2013. Thus far, the applicant has been treated with analgesic medications; topical agents; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 30, 2014, the claims administrator denied a request for Tramadol. The applicant's attorney subsequently appealed. In a progress note dated June 19, 2014, the applicant reported 3/10 finger pain, improved overall but worse with activity. Tenderness was noted about the PIP joint. Range of motion was limited about the same. Tramadol, Naprosyn, Prilosec, and Menthoderm were refilled. The applicant was asked to continue home exercises at home. The applicant's work status was not stated. There was no explicit discussion of medication efficacy. In a June 23, 2015 chiropractic progress note, the applicant reported mild-to-moderate, dull, aching wrist pain, exacerbated by gripping and grasping. The applicant was placed off of work, on total temporary disability, and was having difficulty working at a car wash owing to heightened pain complaints, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol Hydrochloride) tablets (Refill of Tramadol 50mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory medications, NSAIDS, GI Symptoms & Cardiovascula.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has noted that the applicant is having difficulty performing activities of daily living as basic as gripping and grasping. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing Ultram usage. The attending provider has likewise failed to outline any quantifiable decrements in pain achieved as a result of ongoing Ultram usage. Therefore, the request is not medically necessary.