

Case Number:	CM14-0217678		
Date Assigned:	01/07/2015	Date of Injury:	03/26/2012
Decision Date:	03/06/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 patient is a 23-year-old male with an injury date of 03/26/2012. Based on the 11/17/2014 progress report, the patient complains of left hand pain. He has tenderness over the 4th and 5th metacarpals. With flexion of the 3rd and 4th digits, he has following of the adjacent digits. Grip strength is difficult to quantify secondary to some guarding. The 12/10/2014 report indicates that the patient has pain in his left hip and left thigh. He rates his pain as a 7-8/10, describes his pain as a pulling type of pain, and has an antalgic gait. The 12/15/2014 report states that the patient complains of weakness/stiffness of his left hand and rates his pain as a 6/10. The patient's diagnoses include the following: 1.Pain in joint, hand.2.Status post probable fracture, 4th and 5th metacarpal.3.History of abduction scarring, 3rd web space, status post surgical release with subsequent surgical debridement x2. The utilization review determination being challenged is dated 12/18/2014. Treatment reports are provided from 11/17/2014 01/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain in his left hand, left hip, and left thigh. The request is for TRAMADOL/APAP 37.5/325 MG #90. The patient has been taking tramadol as early as 11/17/2014. MTUS Guidelines pages 88, 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 12/10/2014, the patient rates his pain as a 7-8/10. On 12/15/2014, the patient rates his pain as a 6/10. Although the treater documents pain scales, not all 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any discussion regarding side effects/adverse behavior. There are no examples of ADLs, which demonstrate medication efficacy with the use of tramadol/APAP. There is no opiate management issues discussed such as CURES report, pain contracts, et cetera. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor the medicine compliance has not been addressed. The treating physician does not provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. The requested tramadol/APAP IS NOT medically necessary.