

Case Number:	CM15-0011486		
Date Assigned:	01/29/2015	Date of Injury:	08/26/2014
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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 is a 34 year old male, who sustained an industrial injury on 8/6/2014. The diagnoses have included crush injury of the right hand and severe post injury contractures of the fingers of the right hand. Treatment to date has included occupational therapy and pain medications. According to the progress report dated 12/8/2014, the injured worker complained of right hand pain that varied in intensity depending upon the extent of use of the right hand. He had pain in all fingers, most prominently in the right ring finger and had decreased movement of fingers and difficulty making a fist. He continued to experience swelling in the right hand and fingers. He was taking Ibuprofen 800mg three times a day. Physical exam revealed a significant compromise in both active and passive range of motion of all fingers of the right hand. X-ray of the right hand showed moderate bone density decreased involving the middle, ring and small fingers. Authorization was requested for right hand surgery. The injured worker was given Ultram ER 150mg, one tablet daily, may increase to two times daily as needed #60. A urine drug screen was administered. On 1/13/2015, Utilization Review (UR) non-certified a request for Ultram ER 150mg, 1 tablet daily #60, noting that guidelines recommend starting with a short acting opioid. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg, 1 tablet daily #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71,77,67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient present right hand pain. The treater is requesting ULTRAM ER 150 MG 1 TABLET DAILY QUANTITY 60. The RFA dated 12/08/2014 shows a request for medication required for postoperative use per attached report 12/08/2014. The patient's date of injury is from 08/26/2014 and his current work status is modified duty if available, if not temporary disabled. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Ultram use. The patient is currently taking Ibuprofen 800mg for pain. The 12/08/2014 report shows that treater is requesting right hand surgery for the patient as well as postoperative medication. In this case, the treater would like to try an opioid and the request is supported by the guidelines. The request IS medically necessary.