

Case Number:	CM15-0012662		
Date Assigned:	01/30/2015	Date of Injury:	06/01/2005
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
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, Arizona

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 77-year-old male who reported an injury on 06/01/2005. The mechanism of injury is not provided for review. The diagnoses were noted to include phantom limb syndrome, complex regional pain syndrome type 1, and chronic pain syndrome. Additionally, it was noted that the injured worker had undergone finger amputation in 2007. The injured worker's current medication use was noted to include Ultram 300 mg, which has been prescribed since at least 03/06/2013. The latest clinical note dated 01/05/2015, noted the injured worker had complaints increasing pain in the right hand pain that has led to the injured worker doing less activity. It was also noted that the injured worker's last date of narcotic agreement was signed 08/13/2014. On physical examination, the injured worker had an amputated right index finger and was, during examination, wearing a compression glove. It was noted that the injured worker denied any pain issues with the arm or wrist. The right hand was noted to have full active range of motion and good strength. Under the treatment plan, the physician was recommending continuation of Ultram ER 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Ongoing Management Page(s): 82, 93, 94, 113; 78.

Decision rationale: According to the California MTUS Guidelines, central analgesic drugs, such as tramadol, are reported to be effective in managing neuropathic pain. The guidelines continue to state that patients who are prescribed opioid medication require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It was noted in the documentation that the injured worker has been taking this medication since 03/06/2013. However, in the latest clinical note it was also noted that the injured worker has been experiencing an increase in pain and decrease in function despite the use of this medication. Additionally, there was a lack of a recent urine drug screen provided for review demonstrating appropriate medication use. Therefore, the request for Ultram 300 mg #30 is not medically necessary.