

Case Number:	CM15-0026746		
Date Assigned:	02/19/2015	Date of Injury:	10/05/2011
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53 year old female, who sustained an industrial injury on 10/5/2011. She has reported jamming right ring finger in a sliding door, subsequently treated for a finger fracture. The diagnoses have included intervertebral disc disorder, disorder of muscle/ ligament/ fascia, and pain in limb. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, acupuncture, chiropractic therapy and topical compound. Currently, the IW complains of back, knee and wrist pain. The physical examination was partially illegible due to handwriting. On 1/23/2015, Utilization Review modified certification for Tramadol 37.5/325mg #45, noting the reduced amount to allow for a weaning process. The MTUS Guidelines were cited. On 2/12/2015, the injured worker submitted an application for IMR for review of Tramadol 37.5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Tramadol. There is no documentation for recent urine drug screen to assess compliance. Therefore, the prescription of Tramadol 37.5/325mg #60 is not medically necessary.