

<b>Case Number:</b>	CM15-0062530		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

This 54-year-old male sustained an industrial injury on 11/21/12. He subsequently reported wrist pain. Diagnoses include dupuytren contracture, status post wrist fracture. Treatments to date have included surgery, physical therapy, TENS unit and prescription pain medications. The injured worker continues to experience right hand and wrist pain. A request for Tramadol HCL medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 150 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-96.

**Decision rationale:** Guidelines state that opioids are indicated for moderate to severe pain and are not intended for long-term use. Patients on opioids should be monitored for efficacy, safety, side effects, and signs of aberrant drug use. In this case, the patient has been on opioids long

term. However, the records do not show evidence of continued analgesia, functional benefit or a lack of adverse side effects. In addition, there is no documentation that the prescriptions were from a single practitioner and were taken at the lowest possible dose. The request for Tramadol 150 mg ER #60 is not appropriate and not medically necessary.