

<b>Case Number:</b>	CM15-0065644		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial/work injury on 10/5/11. She reported initial complaints of right finger pain. The injured worker was diagnosed as having depressive disorder not elsewhere classified, pain in joint involving forearm, and pain in joint involving hand. Treatment to date has included medication, physical therapy, acupuncture, and chiropractic care. MRI results were reported on 11/8/14 and 12/23/14. Currently, the injured worker complains of insomnia and fatigue. Per the primary physician's progress report (PR-2) on 3/5/15, examination noted lumbar range of motion is decreased, positive for spasm, and positive Tinel's test. The requested treatments include Ultram - Tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram - Tramadol ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** This claimant injured a finger of her right hand on 10/05/2011. The request is for Tramadol ER 150 mg #60. The CA MTUS states that central analgesics such as Tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. CA MTUS recommends that there should be documentation of the "4 A's" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The clinical documentation submitted for review failed to report the 4 A's to support ongoing usage. There is also a lack of documentation of functional benefit provided by the medication. Thus the request is deemed not medically necessary.