

<b>Case Number:</b>	CM15-0099629		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: 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:

The injured worker is a 21 year old male who sustained an industrial injury on 9/26/13 when his left hand was drawn into the fan of a machine resulting in loss of the left long finger and multiple lacerations. Currently he complains of chronic achy left hand and arm pain with numbness and pins and needles. His pain level is 5/10. Medications control the pain. On physical exam the left hand was tender on palpation at the left wrist and base of the left 4th finger with full active range of motion. Medications are Neurontin and Tramadol. Diagnoses include left hand pain; numbness; chronic pain syndrome; myalgia; open reduction and internal fixation of the fractured left hand (9/26/13); left middle finger amputation 10/8/13. Treatments to date include medications; home exercise program; transcutaneous electrical nerve stimulator unit; physical therapy with some gained strength. Diagnostics include x-ray of the left hand (9/26/13)(showing amputation left middle finger with fractured base. On 4/30/15 the treating provider requested Ultram 50 mg # 100 for left hand pain. In the progress note dated 4/1/15 the treating provider's plan of care includes a request for Ultram as it decreases pain and increases function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg Qty 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

**Decision rationale:** The requested Ultram 50 mg Qty 100, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic achy left hand and arm pain with numbness and pins and needles. His pain level is 5/10. Medications control the pain. On physical exam the left hand was tender on palpation at the left wrist and base of the left 4th finger with full active range of motion. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram 50 mg Qty 100 is not medically necessary.