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## Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0013768	<b>Date of Injury:</b>	08/16/2010
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013
<b>Employee Name:</b>	██████████		
<b>Provider Name:</b>	██████████ MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	1 prescription of Tramadol HCL 50mg., #120		

DEAR Ms. ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old gentleman with a date of injury of 8/16/12 being treated for low back pain, bilateral knee pain, shoulder pain, and hand pain. A most recent clinical assessment is a progress report dated 8/12/13 where the claimant saw [REDACTED], M.D. for subjective complaints of right hand and thumb pain with current complaints of numbness, tingling, and weakness and “dropping objects.” Physical examination was localized to the right wrist showing diminished dorsi- and plantar flexion at end points and full radial and ulnar deviation. No other findings were documented. His working diagnosis is “status post fracture of the right hand” and states pain complaints are unresolved and that his physical examination is unchanged. Medications were not refilled at that date as the claimant “stated that he had enough medication.” It was noted that he was continuing with use of Tramadol 50 mg. for pain-related complaints.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. One (1) prescription for Tramadol HCL 50mg, #120 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids- Tramadol (Ultram), which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), which is part of the MTUS and Chronic Pain Medical Treatment Guidelines: California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 91-94, Opioids- Tramadol (Ultram), which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California MTUS Chronic Pain Guidelines, continuation of Tramadol with two refills would not be supported. The claimant is with a date of injury of 8/16/12 for which he sustained a fracture to the right hand which is still his current working diagnosis. He has been on chronic doses of Tramadol for quite some time. Recent literature review indicates that the efficacy of Tramadol diminishes and is not supported for longer than three months of use. Given the amount of Tramadol already rendered based on the claimant's previous records for review and related to his timeframe from injury there is no support for continued use of this opioid agent.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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