

Case Number:	CM14-0143235		
Date Assigned:	09/10/2014	Date of Injury:	10/31/2013
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 58-year-old female with a documented date of injury on 10/31/13. The clinical records provided included the clinical report of 07/22/14 noting complaints of thumb pain, worse with activity, diagnosed as a trigger finger. The report documented that the claimant had seen benefit with a trigger finger injection. No other complaints were documented in the clinical report. It was documented that the claimant's current medication included tramadol, Cymbalta, and Ativan. Physical examination was documented to show active locking of the left thumb and tenderness to palpation at the level of the A1 pulley. Recommendations were made for a trigger finger release and continued use of the medications to include tramadol, Cymbalta and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-conditions-Tramadol (Ultram), Page(s): page 80-84..

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for continued use of Ultram (tramadol) would not be supported. The Chronic Pain Guidelines do not

recommend the use of Ultram longer than 16 weeks. The Chronic Pain Guidelines state that medical literature does not support the benefit of Ultram beyond a 16 week period of time. The claimant's clinical records have clearly established a timeframe that the claimant has used Ultram for more than 16 weeks. Therefore, the continued use of this short acting, non-narcotic analgesic cannot be supported as medically necessary.