

Case Number:	CM14-0087778		
Date Assigned:	07/23/2014	Date of Injury:	03/05/2006
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 70 year-old female was reportedly injured on March 5, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 19, 2014, indicates that there are ongoing complaints of lower extremity pain. The physical examination was not reported. Diagnostic imaging studies objectified degenerative changes in the knee, right hip, and low back. Previous treatment includes an emergency room evaluation. A request had been made for pain medications and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 every 12 hours PRN pain #60/2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: When noting the date of injury, the injury sustained, the ongoing complaints of pain tempered by the parameters outlined in the MTUS there is a clinical indication for centrally acting synthetic opioids. However, the progress notes did not present any

documentation of efficacy or utility with this medication. There is no increase in functionality or decrease in symptomology. As such, the medical necessity has not been established.