

Case Number:	CM14-0094609		
Date Assigned:	07/25/2014	Date of Injury:	03/01/2012
Decision Date:	09/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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 23 year-old female was reportedly injured on 3/1/2012. The mechanism of injury is not listed. The most recent progress notes dated 1/9/2014 and 3/24/2014, indicate that there are ongoing complaints of right hip pain. Physical examination demonstrated tenderness to right trochanteric bursa; full range of motion of the lumbar spine; deep tendon reflexes were symmetrical at knees and ankles; motor power is 5/5. No diagnostic imaging studies available for review. Previous treatment includes Naprosyn and Ultracet. A request had been made for Retrocert Tramadol prescribed every month from January to May 2014, which was not certified in the utilization review on 5/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrocert Tramadol prescribed every month from January to May 2014: Upheld

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

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

Decision rationale: MTUS treatment guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to

severe pain, and documentation of improvement in function with the medication. The injured worker suffers chronic pain after a work-related injury in March 2012; however, there is no documentation of first-line medications, nor objective functional improvement with Tramadol. As such, this request is not considered medically necessary.