

Case Number:	CM14-0096158		
Date Assigned:	07/25/2014	Date of Injury:	04/08/2002
Decision Date:	09/18/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/24/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old with an injury date on 4/8/02. Patient complains of right sided lateral hip pain with deep bending movements and activities per 5/29/14 progress report. Patient also complains of right leg/knee pain per 6/3/14 report. Based on the 5/29/14 progress report provided by the requesting provider the diagnoses are status post (s/p) right hip arthroscopy with labral debridement, femoroplasty and acetabuloplasty for acetabular over-coverage with cam lesion; previous right femoral intramedullary nailing; and lumbar mechanical back pain. The exam on 5/29/14 showed "no tenderness to palpation in greater trochanter area. The patient has full range of motion of bilateral hips. No tenderness distally or in the calf/lower extremity." The requesting provider is requesting Ultram 50mg #30 with 1 refill. The utilization review determination being challenged is dated 6/7/14 and denies request as patient has been taking Ultram since 10/3/13 without documentation of functional benefit. The requesting provider provided treatment reports from 1/15/13 to 6/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg # 30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 76-78.

Decision rationale: This patient presents with right hip and right leg pain per 6/3/14 report. The treater has asked for Ultram 50mg #30 with one refill but the date of the request is not known. The patient has been taking Vicodin from 1/15/13 to 5/1/14, then switched to Norco on 5/6/14. The medical records do not indicate the patient has trialed Ultram. The MTUS guidelines page 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met, a new course of opioids may be tried at that time. The treater does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. Recommendation is not medically necessary.