

Case Number:	CM14-0098800		
Date Assigned:	07/28/2014	Date of Injury:	12/02/2011
Decision Date:	10/01/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/27/2014

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 49-year-old individual was reportedly injured on 12/2/2011. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 6/3/2014, indicated that there were ongoing complaints of left leg pain and posterior lumbar pain. The physical examination demonstrated left lower extremity was significant with severe fatty atrophy of the quadriceps, positive tenderness to palpation of the lateral left and positive tenderness to palpation to the greater trochanteric area. Quadriceps strength was 1/5. Right lower extremity was an unremarkable exam. There was mild tenderness to deep palpation on the left hip and greater trochanteric bursa. Sensory exam was intact in the bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment included knee surgery, physical therapy, medications, and conservative treatment. A request had been made for tramadol 50 Mg #30 and was not certified in the pre-authorization process on 6/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg cp24 qty 30: 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: The California MTUS 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. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.