

Case Number:	CM15-0076788		
Date Assigned:	04/28/2015	Date of Injury:	09/19/2014
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

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 injured worker is a 57 year old male, who sustained an industrial injury on 09/19/2014. The initial complaints or symptoms included left leg/hip and ankle injury/pain. The injured worker was diagnosed as having contusion to the left leg, and contusion to the left ankle. Treatment to date has included conservative care, medications, MRI of the left hip, physical therapy, and cortisone injection. Currently, the injured worker complains of persistent left hip pain and left groin pain. A MRI of the left hip was completed and revealed subchondral fracture and collapse of the femoral head with diffuse edema. The diagnoses include hip sprain and trochanteric bursitis. The request for authorization consisted of Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with this chronic narcotic pain medication. This patient has not yet returned to work and is still considered disabled per the documentation. There is also no evidence of a pain management contract or of frequent urine drug screens. Likewise, this request is not medically necessary.