

Case Number:	CM15-0070420		
Date Assigned:	04/20/2015	Date of Injury:	11/23/2007
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old female, who sustained an industrial/work injury on 11/23/07. She reported initial complaints of pain in the left shoulder, neck, low back, left hip, and left Achilles area. The injured worker was diagnosed as having brachial plexus lesions, myalgia/myositis, left thoracic outlet syndrome, closed head injury with headaches, tinnitus, and vertigo. Treatment to date has included medication, diagnostics, surgery (left scalenectomy in 8/2014, left ankle arthroscopy in 2009), physical therapy. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 3/25/15. Currently, the injured worker complains of continued pain consistent with right brachial plexopathy. Per the primary physician's progress report (PR-2) on 3/2/15, examination revealed an antalgic gait with assistance of a cane for ambulation. There was improvement in the left shoulder range of motion and strength. Tinel's sign to the right brachial plexus was positive, positive right costoclavicular, Adson, and Roos test. There was right upper extremity weakness. Current plan of care included scalene injection and medication. The requested treatments include Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg qd #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 74-78, 80, 86, 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Osteoarthritis/Tramadol Page(s): 78, 83.

Decision rationale: This patient has a complex history of pain including brachial plexus lesion status post surgical release, lumbar radiculopathy, and an antalgic gait requiring use of a cane. A prior physician review concluded that the 4 As of opioid management had not been met to support use of Tramadol, including lack of a trial of first-line opioids, lack of documented benefit from Tramadol, and lack of urine drug screening. Medical records indicate that Tramadol has been used in place of the stronger opioid Butrans and has been found to be as effective in managing the patient's ADLs. Urine toxicology confirmed use of Tramadol as recently as 12/5/14. The complexity of the medical history does support some form of opioid treatment. MTUS recommends Tramadol as an initial weak opioid; it is thus preferable to Butrans in this case. The 4 As of opioid management have been met. The request is medically necessary.