

Case Number:	CM13-0031862		
Date Assigned:	12/27/2013	Date of Injury:	02/07/2000
Decision Date:	02/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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 73-year-old female who reported an injury on 02/07/2000. The mechanism of injury was not provided for review. The patient reportedly developed chronic right shoulder pain, right knee arthralgia, a recurrent myofascial strain, and neuropathic pain. The patient's surgical history included a total knee replacement and right shoulder joint replacement. The patient's chronic pain was managed with medications. The patient's medications included a fentanyl patch every 48 hours, Norco, and Vicoprofen. The patient's most recent clinical examination findings revealed continued chronic pain complaints of the right shoulder and right knee rated at a 9/10 to 7/10. Physical findings included tenderness to palpation of the cervical spine with restricted range of motion of the cervical and lumbar spine. The patient's diagnoses included right knee pain and chronic shoulder pain. The patient's treatment plan included continuation of medications and participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 50 mcg/hr. PT 72, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management, Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, evidence of functional benefit, managed side effects, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior with urine drug screens. However, the most recent clinical documentation fails to provide a quantitative assessment of pain relief related to this medication. Additionally, there is no documentation of significant functional benefit related to the medication usage. As such, the requested Fentanyl Patch 50 mcg/hr. PT 72, #15 is not medically necessary or appropriate.