

Case Number:	CM13-0045759		
Date Assigned:	12/27/2013	Date of Injury:	03/20/1999
Decision Date:	12/23/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/02/2013

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of March 20, 1999. A utilization review determination dated September 9, 2013 recommends noncertification of Duragesic 100 g and Duragesic 25 g. Noncertification was recommended due to lack of documentation of functional improvement, no recent urine drug screens, and no attempts to wean the patient's dose. A progress report dated August 1, 2013 identifies subjective complaints of increased pain affecting the right shoulder and right wrist. The patient reports no new side effects. The patient states that the medications are "working well. No side effects reported." The patient continues to exercise in states that the medication helps him "manage his pain and maintain function/activity." Current medications include Duragesic 100 g patch and 25 g patch as well as Lortab, Flexeril, Lidoderm, Neurontin, ibuprofen, and others. A urine toxicology report dated September 3, 2010 is positive for fentanyl and hydrocodone. Physical examination findings reveal decreased range of motion in the right shoulder with positive Hawkins test, positive crossover test, and tenderness to palpation over the acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. The right wrist shows swelling with restricted range of motion and tenderness to palpation. Motor examination revealed decreased strength with shoulder abduction. Diagnoses include shoulder pain. The treatment plan recommends continuing the patient's current medications. The note indicates that the patient submits to random urine drug screens, has a signed pain contract, and has an appropriate CURES report. The note goes on to state that the pain is decreased and made tolerable with the use of medications, the patient is able to function more with the medications including being independent with activities of daily living and home chores with no significant side effects and no aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 100mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Duragesic (fentanyl), California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. However, the documentation regarding analgesic efficacy and objective functional improvement is somewhat nonspecific. Additionally, the current request for Duragesic is open ended. There is no frequency or duration stated with the request. Guidelines do not support the open-ended use of opiate pain medication without follow-up and monitoring. Unfortunately, there is no provision to modify the current request. As such, the currently requested Duragesic (fentanyl) is not medically necessary.

Duragesic 25mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Duragesic (fentanyl), California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. However, the documentation regarding analgesic efficacy and objective functional improvement is somewhat nonspecific. Additionally, the current request for Duragesic is open ended. There is no frequency or duration stated with the request. Guidelines do not support the open-ended use of opiate pain medication without follow-up and monitoring. Unfortunately, there is no provision to modify the current request. As such, the currently requested Duragesic (fentanyl) is not medically necessary.

