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| Case Number: | CM14-0000346 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 12/08/1992 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 Occupational 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:

The patient is a 53 year old female who was injured on 12/08/1992. Mechanism of injury is unknown. Objective findings on exam reveal the patient appears to be well nourished and well developed. The patient appears to be in moderate pain. She does not show signs of intoxication or withdrawal. Patient ambulates without a device and the gait is normal. Inspection of the left shoulder joint reveals swelling and lymphedema of the left upper extremities, compression sleeve in place, movements are restricted with flexion limited to 80 degrees and abduction limited to 75 degrees. On palpation tenderness is noted in the left shoulder. The patient moves all extremities well. Diagnosis: Shoulder pain left, breast cancer Plan: Continue current pain regimen. Prescriptions: Duragesic 50 mcg/hr patch and Percocet 10-325 mg The Utilization Review (UR) report dated 12/19/2013 denied the request for Duragesic pain patch because there is no documentation or current urine drug test, risk assessment profile, attempt at weaning/tapering and an updated and signed pain contract between the provider and claimant as mandated by CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC PAIN PATCH 50MCG 1 PATCH Q 2 DAYS, QTY: 15, 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (Fentanyl Transdermal System) & Opioids, Criteria For Use Page(s): 44,75-93.

Decision rationale: As per CA MTUS guidelines, Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, this patient has left shoulder pain and history of breast cancer. It is not clear from the limited available records if the source of patient's pain is a primary musculoskeletal condition or active breast cancer. It is not clear that the patient's pain cannot be managed without continuous opioid analgesia. Detailed documentation that includes current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking opioids, how long it takes for pain relief, and how long pain relief lasts is lacking. Finally, the guidelines indicate that patches are worn for a 72-hour period (3 days). However, the request is not medically necessary and appropriate.