

<b>Case Number:</b>	CM14-0007124		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/09/1999
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Minnesota. 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 injured worker is a 50-year-old female who reported an injury on 03/09/1999. The mechanism of injury was not specifically stated. Current diagnoses include cervical post laminectomy syndrome, brachial neuritis, cervical disc degeneration, radiocarpal sprain, and adverse effect of a GI agent. The injured worker was evaluated on 01/23/2014 with complaints of neck and left shoulder pain. It is noted that the injured worker received a left intra-articular shoulder injection on 01/08/2014 without improvement. Current medications include fentanyl patch 100 mcg. Physical examination revealed 4/5 strength in the entire left upper extremity, tenderness to palpation, and decreased left shoulder range of motion. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL PATCH 100 MCG EVERY 72 HOURS, TWENTY QUANTITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESIC (FENTANYL TRANSDERMAL SYSTEM) Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-82.

**Decision rationale:** The California MTUS Guidelines state fentanyl transdermal system is not recommended as a first line therapy. 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. The injured worker has utilized fentanyl patch since 06/2013; however, there is no mention of a failure to respond to first line opioid medication. Additionally, the injured worker continues to report persistent neck and shoulder pain despite ongoing use of this medication. Based on the clinical information received, the request is non-certified.

**ONE URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no evidence of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. A previous urine drug screen was performed on an unknown date, and without increased risk of aberrant behaviors, yearly drug screens are recommended. Therefore, the request is non-certified.