

Case Number:	CM14-0104289		
Date Assigned:	07/30/2014	Date of Injury:	07/01/2010
Decision Date:	10/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 57-year-old male who has submitted a claim for bilateral shoulder sprain and chronic pain syndrome associated with an industrial injury date of July 1, 2010. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral shoulder pain, neck pain, low back pain and bilateral knee pain. Pain is rated at 8 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed stable vital signs. The rest of the examination was not made available in the submitted medical records. Treatment to date has included right shoulder arthroscopic repair, oral medications and fentanyl patch. Utilization review from June 18, 2014 modified the request for Fentanyl patch 75mg QTY:10 to QTY:6 for weaning purposes because of insufficient documentation of failed trials of first-line opiate therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch (75mg, #10): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl transdermal, Opioids, Page(s): 44; 93; 78.

Decision rationale: Pages 44 and 93 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic (fentanyl transdermal system) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Fentanyl patch was used since January 2014. No side effects were reported, and documentation showed evidence of pain improvement and functional gains with use. Urine drug screen obtained on April 7, 2014 was consistent with prescription medications. The medical necessity has been established. Therefore, the request for Fentanyl patch 75mg QTY:10 is medically necessary.