

Case Number:	CM14-0108107		
Date Assigned:	08/01/2014	Date of Injury:	07/16/2009
Decision Date:	10/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old female was reportedly injured on July 16, 2009. The mechanism of injury was listed as cumulative trauma. The most recent progress note, dated July 11, 2014, indicated that there were ongoing complaints of neck pain and shoulder pain. The physical examination demonstrated decreased right shoulder range of motion with a positive Hawkin's test and a positive Speed's test. There was tenderness at the acromioclavicular joint. The examination of the left shoulder also noted a positive Hawkin's and Speed's test and tenderness at the acromioclavicular joint. There was a positive Finkelstein's test at the right wrist. There was diffuse hyperreflexia of the upper and lower extremities. There was also a diminished sensation over the bilateral upper extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a left shoulder acromioplasty and rotator cuff repair, a right shoulder arthroplasty, a cervical spine epidural steroid injection, and oral medications. A request had been made for fentanyl patches, temazepam, and a 30 day trial of a TENS unit and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Fentanyl Patches 12mcg/Hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records, fails to document improvement in pain or function with the current treatment regimen. Considering this, the request for fentanyl patches is not medically necessary.

30 Temazepam 15 Mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Temazepam is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use, because long-term efficacy is unproven. The record reflects that this medication is being prescribed for long term use. There is no recent documentation of improvement in functionality with the use of this medication. As such, this request for temazepam is not medically necessary.

1 30 Day Trial of TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TENS Units

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for a TENS unit trial includes documentation and other appropriate pain modalities including medications that have been tried and failed. A review of the attached medical record does indicate that oral pain medications have failed. As such, this request for a 30 day trial of a TENS unit is not medically necessary.