

<b>Case Number:</b>	CM14-0139144		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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:

This 47 year old patient had a date of injury on 3/17/2009. The mechanism of injury was not noted. In a progress noted dated 8/1/2014, the patient complains of continued shoulder pain and MD reports the pain is most likely coming from neck. On a physical exam dated 8/1/2014, there was limited shoulder Rom secondary to pain and muscle guarding. The diagnostic impression shows left shoulder arthroscopic debridement. Treatment to date: medication therapy, behavioral modification, left shoulder open rotator cuff repair on 12/12/2013. A UR decision dated 8/20/2014 denied the request for Duragesic Patch 50mg a2 days #15, stating that there was lack of information provided regarding UDS results, opioid contract, side effects, effects on function, compliance, any aberrant behavior, etc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic Patch 50 micrograms q 2 days #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a 8/1/2014 progress note, and in the reports reviewed, there was lack of documentation regarding functional improvements from the opioid regimen. Furthermore, there was no evidence of urine drug screens or discussion regarding adverse side effects. Therefore, the request for Duragesic patch 50mcg q2days #15 was not medically necessary.