

Case Number:	CM14-0185909		
Date Assigned:	11/13/2014	Date of Injury:	12/21/1998
Decision Date:	12/22/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 60 year-old female with the date of injury of 12/21/1998. The patient presents with pain in her neck, shoulders, elbows and hands bilaterally. The patient also complains of chronic low back pain. The patient rates his pain as 0-5/10 on the pain scale. MRI from 05/03/2013 shows 1) 3mm disc protrusion at C6-C7 and 1-2mm disc bulges at C4-5 and C5-C6. EMG and nerve conduction test on 05/03/2013 shows bilateral nerve neuropathy at the wrists. Per 11/18/2014 progress report, the patient has 26% loss of cervical spine motion, 20% loss of right wrist motion, 71% loss of right hand grip strength, 58% loss of left hand grip strength and 21% loss of lumbar spine motion. The patient has not worked since 2012. Per 10/21/2014 progress report, the patient is taking Fentanyl patch, Wellbutrin XL, Escitaloparm and Colace. Diagnoses on 10/21/2014 1) Cervical spine pain with cervical disc bulging 2) Persistent ulnar nerve neuropathy of both upper extremities 3) Impingement syndrome, right shoulder 4) Impingement syndrome, left shoulder 5) Lateral epicondylitis of both elbows 6) Chronic low back pain. The utilization review determination being challenged is dated on 10/28/2014. Treatment reports were provided from 03/26/2014 to 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 100 mcg/her: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 88-89,78.

Decision rationale: The patient presents with pain and weakness of her neck, shoulders, elbows and wrists. The patient is s/p right elbow surgery on 11/13/2013. The request is for Fentanyl 100mcg/hr. The patient has been utilizing Fentanyl patch since at least 04/23/2014. Per 09/23/2014 progress report, the treater prescribes "Fentanyl 100mcg/hours), 1 patch applied 48 hours #15 with no substitutions and with the purpose of reducing the patient's pain and improving functions." "Opioids are necessary for chronic intractable pain. The patient continues to feel that medications help control their pain and increase function. They feel that they can perform increased ADLs with their medications. They deny any significant side effects with the medications. There is no aberrant behavior." "The patient requires opioid therapy. The clinical history, physical exam and imaging and diagnostic studies suggest that the patient's pain is a combination of nociceptive pain and neuropathic pain." Per urine toxicology screen on 07/01/2014 reveals that they were positive for fentanyl and negative for all other substances. All reports provided by the treater indicate pain levels with or without medications. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the treater provides general statements regarding pain and function such as "Reducing pain and improving function", no specific ADL's are mentioned to show significant improvement, no validated instrument has been used to show functional improvement as required by MTUS. Simply stating that the patient's functional level is improved is an inadequate documentation of function/ADL's. The request is not medically necessary.