

<b>Case Number:</b>	CM14-0023367		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	12/08/1992
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 54 year old female injured on 12/08/92 due to undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Current diagnoses included left shoulder pain and breast cancer. Clinical note dated 02/06/14 indicated the claimant presented complaining of left shoulder pain that remained unchanged from previous visits. The patient reported no change in location of pain, no problems or side effects of medications, and no new injuries since previous visit. The claimant reported she was not trying any other therapies for pain relief and her activity level remained the same. The claimant reported the medications were working well and she continued to have issues obtaining the transdermal fentanyl patch. Physical examination of the left shoulder revealed swelling and lymphedema to the left upper extremity, compression sleeve in place, surgical scars present, movements restricted, and tenderness to the left shoulder. The claimant reported current pain regimen of Percocet and valium for left arm spasms allowed her to decrease her pain so she could continue working. Current medications included Lidoderm patch, valium, Duragesic patch, Ambien, Percocet, and Colace. The initial request for Duragesic 50mcg/hour patch #15 with one refill was initially non-certified on 02/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURAGESIC 50MCG/HR PATCH #15 WITH ONE REFILL:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The injured worker is able to continue to work with the use of the current medication regimen and documentation indicates the injured worker utilized the Percocet sparingly for breakthrough pain. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Duragesic 50mcg/hr patch #15 with one refill is medically necessary and appropriate.