

<b>Case Number:</b>	CM14-0038821		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 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 71 year old male with an injury date of 06/15/10. Based on the 02/26/14 progress report provided by [REDACTED], the patient complains of right shoulder pain which causes limited and painful movement of the shoulder joint. He has low back pain and left hip pain which restricts mobility of the hip joint. The patient also has constant right knee pain which is painful and limits movement of his right knee. There is tenderness to palpation of the right shoulder over the biceps tendon and pectoralis and over the L4-5 at midline and L5-S1 of the lumbar spine. The patient has an antalgic gait on the right side and examination of the right knee reveals tenderness to palpation over the medial and lateral joint lines. His patient's diagnoses include the following: 1. Disequilibrium 2. Right shoulder biceps tendon strain, status post arthroscopic treatment of the rotator cuff (no date provided) 3. L2-3 3 mm broad-based disc bulge with facet and ligamentum flavum hypertrophy resulting in canal stenosis and moderate bilateral neural foraminal stenosis; L3-4 3-4 mm broad-based disc bulge, facet and ligamentum flavum hypertrophy resulting in canal stenosis; L4-5 2-3 mm broad-based disc bulge with facet and ligamentum flavum hypertrophy resulting in moderate to severe bilateral neural foraminal narrowing and no canal stenosis at present at this level; L5-S1 3-4 mm broad-based disc bulge and facet arthrosis resulting in moderate bilateral neural foraminal narrowing, left greater than right, MRI 07/10/13 4. Left hip strain 5. Right hamstring strain 6. Right knee with medial meniscal tear and severe chondromalacia of the medial knee compartment, per MRI of 08/19/10 7. Right knee, medial compartment osteoarthritis, status post arthroscopic surgery, x2, most recently in October of 2010 8. Right knee arthroscopic lysis of adhesions, by [REDACTED], 02/16/13 9. Status post right total knee arthroplasty, by [REDACTED] 08/16/13 10. GERD [REDACTED] is requesting for the following: 1. Pain management consultation 2. Fentanyl patches 3. Flector

patchesThe utilization review determination being challenged is dated 03/24/14. [REDACTED] is the requesting provider and he provided treatment reports from 10/16/13- 05/21/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

**Decision rationale:** According to the 02/26/14 report by [REDACTED], the patient presents with right shoulder pain, low back pain, left hip pain, and right knee pain. The request is for a pain management consultation. There is no indication of why the treater is requesting this. ACOEM page 127 states "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation and the patient should be allowed pain management consultation to address the persistent and chronic pain. Recommendation is for authorization.

**Fentanyl patches:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88, 89.

**Decision rationale:** According to the 02/26/14 report by [REDACTED], the patient presents with right shoulder pain, low back pain, left hip pain, and right knee pain. The request is for Fentanyl patches. The patient has been taking Fentanyl patches since the first progress report provided from 10/16/13. None of the reports provided mention how the medications the patient is taking impacts him. No specific ADLs or pain scales were mentioned. Fentanyl Patches release fentanyl, a potent opioid, slowly through the skin. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months and documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. In this case, none of the reports specifically discuss how Fentora has been helpful in terms of decreased pain or functional improvement. In addition, the treater does not use any numerical scales to assess patient's pain and function as required by MTUS. There are no discussions regarding the patient's specific ADL's or of the patient's quality of life. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the

patient should slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**Flector patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 61.

**Decision rationale:** According to the 02/26/14 report by [REDACTED], the patient presents with right shoulder pain, low back pain, left hip pain, and right knee pain. The request is for Flector patches. The patient has been using Flector patches as early as 10/16/13. Review of the reports does not indicate that Flector patches provided any benefit to the patient. There is no discussion regarding how the Flector patches specifically impacted the patient's pain and function. Regarding topical agents, MTUS states, "There is little to no research to support the use of many of these agents." For topical NSAIDs, the indications are for peripheral joint arthritis/tendinitis for typically short-term use. This patient does not present with such diagnoses. Furthermore, there is no mention regarding how Flector patches may have helped this patient since it's use 10/16/13. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.