

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0038960 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 09/12/2007 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and 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 injured worker is a 52 year old male who sustained an injury on 9/12/07 while lifting a drill. The injured worker developed complaints of pain in the upper back and cervical spine with radiating symptoms in the right upper extremity. Other diagnoses included carpal tunnel syndrome. The injured worker also reported headaches as well as emotional symptoms. Prior treatment had included multiple epidural and facet injections as well as physical therapy. The injured worker had been followed for pain management. Prior medication use did include multiple narcotic medications for pain, as well as Neurontin, Ambien, Soma, and Ibuprofen. The injured worker was noted to be under an opioid agreement. The clinical report dated 2/12/14 noted ongoing medications to include Neurontin 300mg, Fentanyl 100mcg per hour patch, Ambien, Soma, and Ibuprofen. The injured worker did report relief from medications without side effects. Physical examination noted decreased range of motion in the cervical spine with positive facet loading signs. Tenderness to palpation was noted. There was mild weakness in the upper extremities in a non-dermatomal distribution. The injured worker was noted to continue to work. Medications were recommended for continuation at this evaluation. Follow-up on 3/12/14 indicated the injured worker continued to work and was active. No changes in medication efficacy were reported. The injured worker's physical examination findings were relatively unchanged. There was a noted sensory deficit in the C6-7 and C7-T1 distribution. It is noted that the injured worker was wishing to continue with the Sandoz brand of Fentanyl patches as this was more effective than other manufacturers. Fentanyl 100mcg per hour patches were continued at this evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Dis 100mcg/hr qty 20/30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 50, 78-80, 81, 82, 86-87. Decision based on Non-MTUS Citation ACOEM Second Edition 2004, Chapter 3, Pages 47-49 & Chapter 6, Page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: It is noted in the prior utilization review report that there were multiple urinary drug screen results that were inconsistent with the use of Fentanyl. These were not available for review. There was no discussion in any of the clinical reports up to 3/12/14 regarding these non-compliant issues. The injured worker is noted to be utilizing Fentanyl at a substantially high rate. It is also noted that the injured worker's 100mcg per hour Fentanyl patch exceeds guideline recommendations regarding the maximum amount of narcotics to be taken in one day set at 100mg morphine dose equivalent (MED). As such, the request is not medically necessary.