

Case Number:	CM14-0042351		
Date Assigned:	06/30/2014	Date of Injury:	05/12/2011
Decision Date:	08/20/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/08/2014

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 injured worker is a 53-year-old female who reported an injury on 05/12/2011 due to repetitive stress. The injured worker has diagnoses of forearm/wrist/elbow tendonitis, status post bilateral carpal tunnel and bilateral cubital tunnel release, myalgia, and chronic pain syndrome. Past medical treatment includes physical therapy (6 sessions) and medication therapy. Urinalysis dated 03/10/2014 showed that the injured worker was positive for opioids prescribed to her. The injured worker underwent left carpal tunnel release on 12/28/2011, right carpal tunnel release on 05/15/2012, left cubital tunnel repair on 05/07/2013, and right cubital tunnel repair on 07/09/2013. The injured worker complained of upper extremity pain. She also complained of pain in her arms and hands. Her symptoms were worsened with the use of her arms such as using a computer, driving, and carrying groceries. The injured worker rated her pain at a 5-8/10 without medication, and a 2-5/10 with medication. Physical examination dated 02/05/2014 revealed the injured worker's motor strength was 5/5 in the upper extremities bilaterally, except grip strength was 5-/5. She had an altered sensation in the medial nerve distribution and medial aspect of her forearms into the 4th and 5th digits bilaterally. She had tenderness to palpation over the medial and lateral aspects of her elbows. Tinel's and Phalen's signs were positive bilaterally. She had well-healed surgical scarring at the wrists and elbows as well. The injured worker's medications consisted of Norco 10/325 mg, Robaxin, gabapentin, Motrin, and Tylenol. The submitted reports did not indicate a duration, frequency or dosage. The treatment plan for the injured worker was to continue with her Norco and advise the injured worker not to exceed 6 tablets per day. The provider and the injured worker also reviewed her CURES report and discussed the opioid agreement. She will also continue with Fentanyl patches. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) patches of Fentanyl 25mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Duragesic, Fentanyl, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl); ongoing management; opioid dosing Page(s): 44; 78; 86.

Decision rationale: California MTUS guidelines indicate that Duragesic (Fentanyl) is not recommended as a first-line therapy. The FDA (food and drug administration) -approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. There were no side effects listed in the report. There was a lack of evidence that the Fentanyl was helping with any functional deficits the injured worker had. The report did submit a drug screen dated 03/10/2014, showing that the injured worker was compliant with the MTUS Guidelines, but there was no documentation of any objective improvement in function. Furthermore, the request as submitted also failed to provide the frequency of the Fentanyl patches. As such, the request for Ten (10) patches of Fentanyl 25mcg/hour is not medically necessary.