

<b>Case Number:</b>	CM14-0083160		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/24/2007
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported an injury on 06/24/2007. The mechanism of injury was the injured worker was riding a motorcycle from 1 dealer to another and slid in some sand, causing the rear end to kick out and the injured worker fell on his right side and the motorcycle fell on top of him, injuring his right shoulder including a fracture to the right scapular and collarbone. The surgical history included an anterior fusion at C4-5 and a lumbar fusion at L4-5, with a right shoulder arthroscopic surgery and a right shoulder arthroscopic rotator cuff repair, subacromial decompression and debridement of a superior labral anterior and posterior lesion with capsular release. The injured worker's medications included tizanidine, Soma, and fentanyl patches as of at least 02/2013. The documentation of 05/14/2014 revealed the injured worker had complaints of right upper extremity pain and shoulder pain. With medications the pain was 7/10 and without medications it was rated a 10/10. The injured worker indicated his medications were less effective than when used in conjunction with fentanyl patches. The documentation indicated the injured worker had no medication abuse suspected, complaints of constipation, sedation, or cognitive impairments. The injured worker indicated he was using Percocet and Soma, which was minimally controlling his pain level. Current medications include Amitiza 24 mcg capsules 1 by mouth twice a day with food, Percocet 10/325 mg tablets 2 tablets every 8 hours, Soma 350 mg 1 tablet 4 times a day, and naproxen AC 500 mg 1 twice a day with food. The physical examination revealed the injured worker had restricted range of motion of the shoulder. The injured worker had tenderness to palpation in the glenohumeral joint. The diagnoses included status post anterior fusion C4-5 over ten years ago, status post right shoulder arthroscopic surgery 2 years previously, status post lumbar fusion L4-5 over ten years, and status post right shoulder arthroscopic rotator cuff repair, subacromial decompression and

debridement with SLAP like lesion, capsular release on 10/26/2011. The treatment plan included a urine drug screen and that the injured worker had been having difficulty controlling his pain level with only Percocet and the addition of fentanyl would be appropriate as a longer acting agent. The documentation indicated the injured worker had trialed OxyContin and MS Contin. However, he did not tolerate the medications due to severe nausea. There was a request for authorization submitted for review dated 05/14/2014.

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

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

**Fentanyl 75 mcg/HR #15/30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic (fentanyl transdermal system) Page(s): 74-86, 4.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker was utilizing Percocet 10/325 mg, 1 to 2 tablets every 8 hours as needed for pain. The documentation indicated the injured worker had previously utilized fentanyl patches successfully. However, there was a lack of documentation of objective functional benefit that was received from the fentanyl patches. The documentation indicated the injured worker's pain with the current medications reduced his pain from a 10/10 to 7/10. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, additionally the request for fentanyl 75 mcg/hr would exceed the daily morphine equivalent dose. The daily morphine equivalent dose would be 210-240 daily mg of daily morphine equivalent dose dependent upon whether the injured worker took 1 or 2 tablets of the Percocet. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fentanyl 75 mcg/hr #15/30 days is not medically necessary.