

Case Number:	CM14-0089509		
Date Assigned:	07/23/2014	Date of Injury:	06/03/2009
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 & 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 50 year old female who had a reported work related injury on 06/03/09. The injured worker reported that she did a great deal of keyboarding, report writing and repetitive use of her upper extremities. The injured worker began experiencing progressive worsening of pain affecting the right wrist and forearm and went to her primary care physician. The injured worker has had physical therapy, electrodiagnostic studies, bilateral carpal tunnel release and ulnar release on the right side. The injured worker has finished a functional restoration program, and has undergone psychiatric evaluation. Diagnoses include carpal tunnel syndrome with repetitive strain injury of the upper extremities with pain in the elbows and shoulders, lesion of the ulnar nerve, and psychogenic pain. Current medications are capsaicin cream, ketamine cream, protonix, Zofran, Flexeril, Pristiq, Seroquel, Lidoderm patch, Lyrica, Butrans, Medrol DosePak, Fentanyl patch. Most recent clinical document submitted for review dated 02/21/14 indicates the injured worker presented with bilateral wrist and elbow pain. She also complains of third, fourth, fifth digits of the right hand curling up and staying contracted. These episodes last approximately 3 minutes. The injured worker was able to regain function to baseline level after massage. Physical examination noted that the injured worker is well developed, well nourished and in no cardiorespiratory distress. She is alert and oriented x 3. The injured worker ambulates to the examination room without assistance and is able to sit comfortably on the examination table without difficulty or evidence of pain. The injured worker phonates and cognates appropriately. In review of the medical records submitted for review, there is no documentation of functional improvement, no visual analog scale scores with and without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr quantity 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Duragesic® (fentanyl transdermal system).

Decision rationale: The clinical documents submitted for review as well as current evidence based guidelines do not support the request. In review of the medical records submitted for review, there is no documentation of functional improvement, no visual analog scale scores with and without medication. Also, CAMTUS/ODG guidelines do not recommend this medication as a first-line therapy. Therefore, the request for Fentanyl 25mcg/hr quantity 10 is not medically necessary and appropriate.