

<b>Case Number:</b>	CM14-0091493		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/02/1997
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 65-year-old male who reported an injury on 07/02/1997. The mechanism of injury was noted to be pulling on a cable at work. The injured worker was diagnosed with chronic right shoulder pain. Prior therapies include: trigger point injections, physical therapy and medications. The injured worker was noted to have an MRI of the left shoulder and also a MRI of the cervical spine. The injured worker was noted to have had 5 previous right shoulder surgeries including a shoulder replacement. The injured worker's subjective complaints were noted on a clinical evaluation dated 02/07/2014. His chief complaint was noted to be right posterior shoulder pain. His pain was noted to be a 7 out of 10 on the visual analog scale. Pain increased with lifting, decreased with sitting, laying down or not moving right shoulder. The objective findings were noted to be full range of motion of the head and neck. Upper extremity range of motion was decreased at the right shoulder, he was unable to fully extend his left shoulder with his hand above his head, his right hand could raise slowly below the level of the shoulder. The neurological exam noted sensation to sharp stick versus cotton swab was decreased in the left hand in the 4th and 5th fingers. Cranial nerves were intact and strength was decreased in the right hand. The injured worker's medications were noted to be Norco, fentanyl, gabapentin, and Ambien. The treatment plan was for left posterior shoulder trigger point injections and a refill of medications. The provider's rationale for the request was within the treatment plan of the clinical evaluation dated 02/07/2014. A Request for Authorization form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 12mcg/hr #15 over 30 days to allow this one refill to wean and discontinue.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl  
Page(s): 44, 93.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend fentanyl or Duragesic as a first line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA approved this product labeling duragesic is indicated in the management of chronic pain in patients who require continuous opiate analgesia for pain that cannot be managed by other means. The guidelines also state duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are to be worn a 72 hour period. It is not noted that the injured worker needs continuous around the clock dosing of opioid therapy. It is also not documented that pain could not be managed by any other means. Documentation fails to support tolerance for opioid therapy requiring the fentanyl patch. A Fentanyl patch is to be worn for 72 hours. The provider's request fails to indicate a drug frequency. As such, the request for fentanyl patch, 12 mcg per hour, quantity 15/30 days to allow this 1 refill to wean and discontinue is not medically necessary.