

Case Number:	CM14-0204015		
Date Assigned:	12/16/2014	Date of Injury:	02/24/2008
Decision Date:	02/10/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab 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 patient is a 59 year old male with date of injury 02/24/08. The treating physician report dated 06/19/14 indicates that the patient presents with pain affecting the bilateral shoulders and neck with increasing headaches (36). The patient rates their pain as 5-7/10. The physical examination findings reveal decreased range of motion in the neck. Prior treatment history includes medications. The current diagnoses are: 1. Cervicobrachial Syndrome 2. Adhesive Capulitis Shoulder 3. Cervicalgia 4. Pain in Joint Shoulder The utilization review report dated 11/19/14 denied the request for Fentanyl patch 100mcg/hr #10 and Hydroxyzine HCl 10mg #30 based on guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 76.

Decision rationale: The patient presents with pain affecting the bilateral shoulders and neck with increasing headaches. The current request is for Fentanyl patch 100mcg/hr #10. The

treating physician states, "The patient needs this medication because over the past previous visits, I was able to adjust his medication to this list and it seems to be holding his pain back where he is at least slightly functional during the day." (33) The MTUS guidelines state, "Fentanyl is an opioid analgesic with a potency eighty times that of morphine." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented any of the 4 A's as required by the MTUS guidelines for continued opioid usage. The physician states on 6/19/14, "Patient states pain remains unchanged, neck 7/10, left shoulder 7/10, right shoulder 7/10. A urine toxicology screen was performed." There is no discussion of any functional improvement, the results of the UDS were not discussed and there is no discussion of side effects or aberrant behaviors as required by MTUS. The current request for Fentanyl patches is not medically necessary.

Hydroxyzine HCl 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiety Medications in Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Pain chapter: Weaning

Decision rationale: The patient presents with pain affecting the bilateral shoulders and neck with increasing headaches. The current request is for Hydroxyzine HCl 10mg #30. The treating physician states that the patient has been taking this medication since June 19, 2014. The MTUS guidelines do not address Hydroxyzine HCl and the ODG guidelines do not support its usage for the treatment of chronic back pain. ODG does recommend the usage of Hydroxyzine HCl during the weaning of opiates for treatment of withdrawal symptoms of insomnia and restlessness. In this case, the treating physician does not document that the patient is weaning from opiates and there is no discussion of the effects of this medication as required by MTUS page 60. The request for continued usage of Hydroxyzine is not medically necessary.