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| Case Number: | CM14-0204243 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 02/14/2005 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 11/26/2014 |
| 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 Occupational Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona. 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 61 year old female who sustained a work related injury February 14, 2005. Past history of cervical cancer with cervical cauterization and frozen cervix, back surgery, appendectomy, c-section and hysterectomy. According to the primary treating physician's progress report, dated September 10, 2014, the injured worker presented with complaints of pain to the left shoulder and left knee. She stated that there is no change to the left shoulder but the left knee has intermittent discomfort with continued pain while walking, standing and prolonged weight bearing activities. She is pending a consultation for a total knee arthroplasty. Physical examination reveals a labored gait wearing a Neoprene knee sleeve on her right knee, without the aid of assisted devices. Left knee continues to have swelling and fullness with full extension and loss of flexion. Assessment is documented as; s/p left shoulder arthroscopy, s/p knee arthroscopy, and chronic pain syndrome. There is no x-ray, MRI or operating room reports present in the case file. Treatment plan includes pending total knee consultation and continued chronic pain management. A request for authorization for Fentanyl Patch and Cymbalta is not present in the case file. Work status is documented as permanent and stationary. According to utilization review performed November 26, 2014, the request for Cymbalta 30mg #120 has been certified. The request for Fentanyl Patch 100mcg #15 has been modified to Fentanyl 100mcg #15 for one month and Fentanyl Patch 25mcg #15 has been modified to Fentanyl 25mcg #15 for one month. The utilization review is incomplete, as it only cites Official Disability Guidelines (ODG), with no rationale supporting guidelines or documentation from injured workers treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 100mcg #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS fentanyl transdermal is indicated for the management of persistent chronic pain which is moderate to severe requiring continuous around -the- clock opioid therapy, and should only be used only for patients who have been on opioid therapy and have developed tolerance. A review of the injured workers medical records does not reveal a reason to discontinue her medication, Per MTUS maintenance doses should not be lowered if they are working. Therefore, based on her clinical picture and the guidelines the request for fentanyl patch 100mcg # 15 is medically necessary.

Fentanyl Patch 25mcg #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS, fentanyl transdermal is indicated for the management of persistent chronic pain which is moderate to severe requiring continuous around -the- clock opioid therapy, and should only be used only for patients who have been on opioid therapy and have developed tolerance. A review of the injured workers medical records does not reveal a reason to discontinue her medication, Per MTUS, supplemental doses of break-through medication may be required for incidental pain, end of dose pain or pain that occurs with predictable situations. Therefore, based on her clinical picture and the guidelines the request for fentanyl patch 25mcg # 15 is medically necessary.