MAXIMUS Federal Services

Case Number:	CM15-0001188		
Date Assigned:	01/12/2015	Date of Injury:	03/27/1978
Decision Date:	03/10/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

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 was a 63 year old male, who sustained an industrial related injury, March 27, 1978. On December 4 2014, the injured worker's chief complaint was pain in the neck bilaterally with stiffness and low back pain and stiffness which improved with physical therapy. The injured worker was diagnosed with chronic pain syndrome, cervical spondylosis, lumbosacral spondylosis, degenerative cervical intervertebral disc, degeneration lumbar or lumbosacral intervertebral disc, anxiety and depressed mood. The injured worker has been treated with physical therapy, pain medication, psychotherapy, home exercise program, Lidoderm patches, TENS unit, massage therapy and chiropractic services. The primary treating physician requested a prescription for Fentanyl patches for pain control. Per the doctor's note dated 12/9/14, patient had complaints of pain in right shoulder and neck at 8/10.Physical examination revealed normal ROM except internal rotation and normal sensory and motor examination. The patient's surgical history include right shoulder arthroscopy on 7/25/14. Patient has received an unspecified number of PT visits for this injury. The patient has had MRI and EMG that revealed bilateral CTS ; MRI of the cervical spine that revealed degenerative changes and spinal canal stenosis. The medication list includes Atorvastatin, Norco, Cymbalta, Gabapentin, Butrans and Metformin. The patient had received ESIs for this injury. Patient has received an unspecified number of PT, chiropractic psychotherapy and massage therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation 2nd edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 75-80Duragesic (fentanyl transdermal system) page 44,Fen.

Decision rationale: Request: Fentanyl Patch 25mcg #15According to MTUS guidelines Duragesic "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl."According to MTUS guidelines Duragesic is "not recommended as a first-line therapy." The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In addition, according to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. With this, it is deemed that, based on the clinical information submitted for this review and the peer reviewed guidelines referenced, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Fentanyl Patch 25mcg #15 is not established for this patient.