

Case Number:	CM15-0005812		
Date Assigned:	01/26/2015	Date of Injury:	05/30/2002
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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: Utah, Arkansas
 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 is a 65 year old male, who sustained an industrial injury on 5/30/2002. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included persistent left shoulder pain. Treatment to date has included a left shoulder reverse replacement approximately one year ago. He performs self-directed home exercise and takes narcotic medications for pain. Currently, he reports a persistently painful left shoulder. He has been struggling to complete part-time modified work but has not been able to successfully do this. He has been able to work but with some increased discomfort, his left shoulder is his primary area of concern. Objective findings include rotational stiffness. He has passive abduction of 45 degrees of glenohumeral external rotation of 5 degrees and internal rotation to his ilium. On 12/24/2014, Utilization Review non-certified a request for Fentanyl patch 75mg #10 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/12/2015, the injured worker submitted an application for IMR for review of Fentanyl patch 75mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 75 MG Every 3 Days #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages. 93 and 111-112. Topical Medications and Fentanyl Patches.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for fentanyl patches. MTUS guidelines state that topical pain meds may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica) More specifically, Fentanyl patches should be used when the patient is currently on opioid therapy and tolerance has developed. According to the clinical documentation provided, the patient has not met the above criteria for usage. Therefore, Fentanyl patches are not indicated as a medical necessity to the patient at this time.