

Case Number:	CM15-0102066		
Date Assigned:	06/04/2015	Date of Injury:	11/05/2011
Decision Date:	07/02/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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: Arizona, 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 is a 54-year-old male, who sustained an industrial injury on November 5, 2011. The injured worker was diagnosed as having neck pain, left shoulder pain, right shoulder pain, and left biceps repair February 24, 2012. Treatment to date has included MRIs, ultrasound, and medication. Currently, the injured worker complains of ongoing bilateral shoulder and neck pain. The Primary Treating Physician's report dated April 16, 2015, noted the injured worker reported his current pain level a 6/10, continuing to do well with the current medication regimen. A urine drug screen (UDS) on December 15, 2014 was noted to be consistent with medication. A cervical spine MRI dated April 8, 2015 was noted to show multilevel cervical spondylosis with progressive loss in disc height at C6-C7. A lower extremity ultrasound dated March 31, 2015, was noted to be consistent with chronic DVT or residual thrombus in the distal right femoral, popliteal, and trifurcation veins of the right calf. The injured worker's current medications were listed as Fentanyl patch, Norco, Atenolol, Flexeril, and LidoDerm patches. Physical examination was noted to show tenderness to palpation over the paraspinal muscles of the cervical spine, left side greater than right with limited and painful range of motion (ROM) of shoulders, left side greater than right. The treatment plan was noted to include continuation of current medications, an authorized spine surgeon consultation, and a pending requested CT scan of the lungs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 10 Fentanyl 25mcg Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl 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 this case, the claimant had been on Oxycodone - short acting opioids. The claimant had been on the medications for months with increasing need of Fentanyl quantity indicating tolerance development. There was no mention of failure of oral long-acting medication failure. The continued use of use of Fentanyl is not medically necessary.

Retrospective request: 180 tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months without mention of weaning, Tylenol or Tricyclic failure. The continued and chronic use of high daily dose of Norco is not medically necessary.