

Case Number:	CM15-0130843		
Date Assigned:	07/17/2015	Date of Injury:	07/11/1997
Decision Date:	09/09/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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, female who sustained a work related injury on 7/11/97. The diagnoses have included cervical degenerative disc disease, possible cervical radiculopathy, left shoulder adhesive capsulitis, left shoulder rotator cuff tendinitis and cervical facet pain. Treatments have included oral medications, topical analgesic patches, home exercises, shoulder injections and facet blocks. In the PR-2 dated 5/29/15, the injured worker complains of persistent neck and left shoulder pain. She describes her pain as deep and aching into the neck and shoulder area. She has increased pain into the shoulder causing numbness into the left arm, hand and fingers. She feels some heaviness into her neck and head along with some stabbing pain. She rates her pain level a 7/10. Medication is helping her pain mildly. She has tenderness and spasms noted in the cervical paraspinal muscles, stiffness noted in motion of spine. She has tenderness in the left shoulder muscles. She has increased pain to acromioclavicular and glenohumeral joints. She has decreased range of motion in shoulder. Strength is in arms. She is working modified duty. The treatment plan includes a prescription for Duragesic patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25mg quantity 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, there is no documentation risk assessment profile or an updated and signed pain contract between the provider and the patient. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.