

<b>Case Number:</b>	CM15-0133177		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male, who sustained an industrial injury, December 11, 2013. The injured worker previously received the following treatments Percocet, Lyrica, Feldene, Restoril, Gabapentin, Ibuprofen, Norco, Tramadol, Lidoderm Patches, Advil, Oxycodone, prednisone, Cymbalta, Percocet, EMG/NCS (electrodiagnostic studies and nerve conduction studies). The injured worker was diagnosed with right thoracic facet joint pain, thoracic facet joint arthropathy, chronic thoracic back pain, thoracic sprain/strain, right shoulder impingement, right shoulder pain, right shoulder pain, right shoulder tendinitis, bilateral sternal strain, chronic sternal pain, right axilla pain, neuropathic pain and brachial plexopathy. According to progress note of December 3, 2014, the injured worker's chief complaint was thoracic back pain, bilateral sternal and right shoulder pain and right axilla pain that radiates into right upper arm. The pain was aggravated by prolonged sitting, prolonged standing, lifting, driving, any activity, lying down coughing and sneezing. The mitigating factors for the pain were lying on the stomach, sitting, standing, stretching and medications. The physical exam noted tenderness with palpation of the thoracic paraspinal muscles bilateral sternum and pectorals, right shoulder and right axilla. The right shoulder range of motion was restricted due to pain in all directions. The right shoulder was positive for impingement sign, Hawkin's and Neer's testing. There was tenderness upon palpation of the thoracic paraspinal muscles overlying the bilateral T7-TY8 and T9-T10 facet joints. Thoracic extension was worse than flexion. The lumbar flexion was worse than lumbar extension. The treatment plan included Fentanyl Patch.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 25mcg q 3 days #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 6-7.

**Decision rationale:** The claimant sustained a work injury in December 2013 and continues to be treated for thoracic, sternal, and radiating right shoulder and axillary pain. When seen, Cymbalta, Lyrica, and Percocet were being prescribed. Prior medications had included Fentanyl. Physical examination findings included thoracic, sternal, and right shoulder and axillary tenderness. There was decreased and painful right shoulder range of motion with positive impingement testing. There was thoracic paraspinal muscle and facet joint tenderness. There was decreased lumbar spine range of motion. He had decreased right upper extremity strength. The assessment references discontinuing immediate release morphine and prescribing Fentanyl 50 g #10. In follow-up on 04/22/15 he had discontinued Fentanyl as it was not helping. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, it is unclear what medications are being prescribed. Although there is reference to discontinuing immediate release morphine, this was not an active medication. The dosing of Fentanyl is also not consistent with what was requested. A Fentanyl 50 g dose is referenced but Fentanyl 25 g is being reviewed. Additionally, the claimant had previously taken Fentanyl and the reason for its discontinuance is not documented. For these reasons, the request is not medically necessary.