

Case Number:	CM15-0134202		
Date Assigned:	07/22/2015	Date of Injury:	03/14/2008
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 3/14/2008. She reported developing neck pain that radiated down the right arm from repetitive type activity. Diagnoses include cervicogenic headache, cervical radiculopathy, status post cervical fusion, myofascial cervical pain, status post carpal tunnel release, tendinitis, and chronic pain. Treatments to date were not elaborated on in the documentation submitted for this review. Currently, she complained of progressively increased neck pain over the previous months. On 6/11/15, the physical examination documented cervical tenderness and decreased range of motion. The plan of care included Fentanyl DIS 50mcg/hour #30 with ten refills, prescription date 6/22/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr 30 day supply 10 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The 65 year old patient complains of neck tightness and pain, as per progress report dated 06/11/15. The request is for FENTANYL 50mcg/hr 30 DAY SUPPLY 10 REFILLS. The RFA for the case is dated 05/11/15, and the patient's date of injury is 03/14/08. Diagnoses, as per progress report dated 06/11/15, included myofascial cervical pain, right-sided C7 radiculopathy, carpal tunnel release bilaterally, peripheral neuropathy secondary to diabetes, cervicogenic headaches, chronic pain syndrome, and right wrist tendinitis. The patient is status post single cervical discectomy with fusion. Medications included Hydrocodone, Nortriptyline, Fentanyl patches, and Gabapentin. The patient is not working, as per progress report dated 06/11/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Fentanyl patch is first noted in progress report dated 12/04/14. Although the patient has been using the medication for several months, the treater does not use a numerical scale to show decrease in pain nor does the treater provide specific examples that indicate increase in function. No CURES and UDS reports are available for review. The treater does not discuss side effects of Fentanyl patch as well. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request is not medically necessary.