

Case Number:	CM15-0148088		
Date Assigned:	08/11/2015	Date of Injury:	09/10/2003
Decision Date:	09/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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 65 year old male who sustained an industrial injury on 9-10-03. The injured worker was diagnosed as having C4 through C7 spondylosis and degenerative disc disease with mild to moderate foraminal narrowing and overlying myofascial pain, history of bilateral carpal tunnel syndrome status post release and possible right thoracic outlet syndrome. Currently, the injured worker reported pain in the neck and right upper extremity. Previous treatments included oral pain medication, a transcutaneous electrical nerve stimulation unit, and proton pump inhibitor. Previous diagnostic studies were not noted. Work status was noted as working modified capacity. The injured workers pain level was noted as 2 out of 10. Physical examination was notable for bilateral cervical rotation at 75 degrees and tender over the left trapezius. The plan of care was for Fentanyl 37.5 micrograms quantity of 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 7.8.15 Fentanyl 37.5mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, Opioids Page(s): 47, 70.

Decision rationale: Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. 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. Medical necessity of the requested item was not established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication was not medically necessary.