

Case Number:	CM15-0181125		
Date Assigned:	09/22/2015	Date of Injury:	02/17/1997
Decision Date:	10/27/2015	UR Denial Date:	08/30/2015
Priority:	Standard	Application Received:	09/14/2015

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 63 year old male, who sustained an industrial injury on 2-17-1997. The medical records indicate that the injured worker is undergoing treatment for bilateral shoulder pain, bilateral shoulder osteoarthritis, status post attempted right shoulder rotator cuff repair. According to the progress report dated 8-5-2015, the injured worker presented with complaints of bilateral shoulder pain, right worse than left. The level of pain is not rated. The physical examination reveals moderate amount of atrophy in the bilateral shoulders. His right shoulder is only able to actively forward flex approximately 90 degrees and abduct approximately 70 degrees. He has fairly pronounced weakness in both shoulders. No instability or crepitation was noted. The current medications are Demerol and Duragesic patches. There is documentation of ongoing treatment with Demerol and Duragesic patches since at least 2-15-2015. Previous diagnostic studies include x-rays. Treatments to date include medication management, injections, and surgical intervention. Work status is not indicated. The original utilization review (8-30-2015) partially approved a request for Demerol #75 (original request was for #150) and Duragesic patch #7 (original request was for #15) to allow for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 75mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

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 Demerol along with Fentanyl for several months. The Demerol use is not supported as noted below and failure of other long-acting oral opioids, Tricyclics or NSAIDS was not noted. Pain scores were not documented in recent notes. There was no indication for combining multiple opioids and no one opioid is superior to another. Continued use of Fentanyl is not medically necessary.

Demerol 100mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Meperidine (Demerol), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list, Oral morphine.

Decision rationale: The claimant had been on Demerol for several months along with Fentanyl. Pain score trends were not noted. The use of Demerol for chronic pain is not recommended by the guidelines. Failure of other opioids or non-narcotic analgesics were not noted. The continued use of Demerol is not medically necessary.