

Case Number:	CM15-0181618		
Date Assigned:	09/29/2015	Date of Injury:	11/04/2000
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/16/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59-year-old male, with a reported date of injury of 11-04-2000. The diagnoses include cervical postlaminectomy syndrome, brachial neuritis or radiculitis, intractable migraine variants, lumbar postlaminectomy syndrome, and opioid-type dependence. Treatments and evaluation to date have included Tegaderm dressing (since at least 03-2015), Seroquel, Roxicodone, Oxycontin, Fentanyl transdermal system (since at least 03-2015), Ultracin, and physical therapy. The diagnostic studies to date have included a urine drug screen on 03-05-2015, which was inconsistent for Fentanyl and Lorazepam. The medical report dated 07-27-2015 indicates that the injured worker complained of neck and shoulder pain. He rated his pain 6 out of 10 at its least and 8 out of 10 at its worst. It was noted that the injured worker reported that he had tried to wean his Roxicodone, but woke up with pain in his arm. The physical examination showed no signs of sedation or withdrawal. The medical report dated 06-25-2015 indicates that the injured worker complained of headache, back pain, neck pain, and shoulder pain. The pain was rated 5 out of 10 at its least, and 9 out of 10 at its worst. It was noted that the medication improved the injured worker's condition. The pain was described as constant and radiating. The treating physician stated that the injured worker "has been weaning" and that "he has tapered off of Fentanyl Patch". It was noted that the injured worker complained of a lot of anxiety due to pain. The physical examination showed mild distress and normal neurologic examination. Objective findings related to the head, back, neck, and shoulder was not indicated. The treatment plan included the refill of Fentanyl patch and Tegaderm patches. The injured worker's work status was not indicated. The request for authorization was dated 09-04-2015. The treating physician requested Fentanyl patch 25mcg per hour #10 and Tegaderm patches #10. On 09-10-2015, Utilization Review (UR) non-certified the request for Fentanyl patches 25mcg per hour#10 and Tegaderm patches #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25mcg/hr #10: Overturned

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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to 6/25/15, clinic note from the treating provider it appears that fentanyl patches has been weaned off. According to the follow-up clinic note from 9/14/15, the IW has had significant increase in pain symptoms up to 7/10 pain as well as worsening depression and anxiety related to inadequately controlled chronic pain. CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed fentanyl patch. VAS score have worsened when the patient was weaned off and with noted worsening of objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate; there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription and the patient is treated with a first line agent for neuropathic pain. Consequently, the medical records and guidelines as being medically necessary support continued use of opioids.

Tegaderm patches #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.solutions.3m.com/wps/portal/3M/en_US/3MC3SD/Wound-Care/Brands/Tegaderm/Tegaderm-CHG-Antimicrobial-Wound-Dressing/?WT.mc_id-C3SD_TegadermCHG_PaidSearch2015.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Tegaderm patches are adhesive sterile bandages, which do not have a clear treatment related to the mechanism of injury reported from 2000. There is a lack of supporting clinical evidence in the record stating what tegaderm is treating and how it is related to the industrial injury. Therefore, the requested intervention is not medically necessary.