

<b>Case Number:</b>	CM15-0183562		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 37 year old female who sustained an industrial injury on 7-9-11. A review of the medical records indicates she is undergoing treatment for status post right shoulder arthroscopy with posterior capsule labral repair and biceps tenotomy - mini open subpectoral biceps tenodesis on 12-31-14, persistent pain and biceps inflammation of the right shoulder, recurrent posterior-inferior humeral subluxation and instability, and status post right shoulder arthroscopy - posterior capsulolabral repair on 1-23-12. Medical records (4-1-15 to 8-14-15) indicate ongoing complaints of pain in the right shoulder. The 6-25-15 progress records indicates a pain rating of "3 out of 10", which was noted to be improved from "initial pain" at "5- 8 out of 10". She describes her pain as "throbbing, sharp, and aching" (8-14-15). The physical exam (8-14-15) reveals full range of motion without tenderness to palpation of the cervical spine. The right shoulder impingement tests are negative. Range of motion is limited in the right shoulder and the "supraspinatus resistance" test is impaired at "4 out of 5". Tenderness is noted at the posterosuperior cuff. Diagnostic studies have included MRIs of the right wrist, cervical spine, right elbow, and right shoulder with arthrogram, as well as x-rays and EMG-NCV. Treatment has included surgery, physical therapy, activity modification, and medications. She reports that she received a brace, but indicates that she is not using it, as it is "ill fitting - too large". She is not currently working, explaining that she "hasn't had the opportunity to work with modifications". The records do not indicate the effects of her pain on her ability to participate in activities of daily living. The most recent record (8-14-15) states that her "current medications relative to this problem are Tramadol". The 4-1-15 progress record indicates that she was taking

Percocet and Fentanyl patches. The utilization review (9-3-15) indicates a request for authorization of Fentanyl 50mcg #10. The request was determined to be "not medically necessary" based on the lack of documentation of subjective or objective benefit from the use of the medication. Weaning is recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fentanyl 50mcg, #10:** 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): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** Based on the 7/18/15 progress report provided by the treating physician, this patient presents with continued throbbing/numbness/tingling running from right shoulder down to her fingers, with depression and difficulty sleeping, and the 6/25/15 report gives her current pain as 3/10 on VAS scale. The treater has asked for FENTANYL 50MCG, #10 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient states that her pain is alleviated with ice packs and pain medication per 7/18/15 report. The patient has difficulty performing activities of daily living such as bathing, dressing, combing hair, reaching, grasping, and pulling per 7/18/15 report. The patient is s/p physical therapy, activity modification, MRI's, EMG/NCV studies, unspecified surgeries, and X-rays per 8/14/15 report. The patient's current medications include Tramadol since 5/19/15, but it appears patient had a short trial of Norco per 7/18/15 report. The patient has failed unspecified sessions of physical therapy and the labral repair done on 1/23/12 also did not fix her problem per 6/25/15 report. The patient's work status is "modified duty - no lifting over 20 pounds" per 8/14/15 report, but has not yet begun modified work. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. The patient had been taking Fentanyl patches on 2/13/15 but has since switched to Tramadol as of 5/19/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities

of daily living. No validated instrument is used to show analgesia. A urine drug screen on 6/5/15 was consistent, but no CURES and no opioid contract were provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.