

Case Number:	CM15-0195369		
Date Assigned:	10/09/2015	Date of Injury:	07/21/2010
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 57 year old female, who sustained an industrial injury on 07-21-2010. She has reported subsequent neck and bilateral upper extremity pain and was diagnosed with chronic myelopathy, sprain and strain of the neck, cervicobrachial syndrome and cervicalgia. Treatment to date has included multiple pain medications and surgery, which were noted to have failed to significantly relieve the pain. In a progress note dated 04-22-2015, the injured worker was noted to be vomiting with Morphine and nausea medication was not helping. Prilosec was also noted to not be of benefit. Oxycontin 60 was also documented to cause vomiting but no problems were noted with Oxycontin 30. Fentanyl was started on 06-17-2015 due to ineffectiveness of multiple oral pain medications with reported 9 out of 10 pain. In a progress note dated 07-22-2015, the injured worker reported that the patch was not strong enough and that she had lost 2 patches due to coming off. Objective findings showed no apparent negative effect of medications, no change in neck motion or areas of pain and no change in ambulation. In a progress note dated 08-19-2015, the injured worker reported reduced pain. Objective findings showed mild increase of range of motion of the neck. Work status was documented as off work. A request for authorization of Fentanyl patch 75 mcg #15 was submitted. As per the 09-17-2015 utilization review, the request for Fentanyl patch 75 mcg #15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 75 mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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 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 Oxycontin with minimal relief. There was mention of improved pain relief with Fentanyl but pain scores were not noted in recent progress notes. In addition, no one opioid is superior to another. Long-term use can lead to addiction, intolerance and side effects. Continued use of Fentanyl is not medically necessary.