

Case Number:	CM15-0198158		
Date Assigned:	10/16/2015	Date of Injury:	04/04/2003
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old female, who sustained an industrial injury on 4-4-2003. The injured worker is undergoing treatment for: severe chronic right cervicalgia with right upper extremity radicular pain secondary to cervical degenerative disc disease with radiculitis, chronic right shoulder pain secondary to rotator cuff disorder. On 7-6-15, and 8-10-15, she reported pain to the neck and upper back with radiation to the right upper extremity down to the hand. She stated "Fentanyl patch 50mcg does not control her pain" and asked for an increase. She rated her pain 8-9 out of 10, and her activity is rated 2 out of 5. Physical examination revealed tenderness in the neck and trapezius muscles and right shoulder, limited range of motion of the right shoulder and neck are noted. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the cervical spine (5-27-2003 and 6-28-2010), magnetic resonance imaging of the right shoulder (5-17-13), multiple sessions of physical therapy, right shoulder surgery (April 2014). Medications have included: methadone, Dilaudid, fentanyl patch, Cymbalta, Lortab, baclofen, soma. The records indicate she has been utilizing Fentanyl patches since at least June 2015, possibly longer. Current work status: not working. The request for authorization is for: Fentanyl 50mcg patches quantity 15. The UR dated 9-18-15: non-certified the request for Fentanyl 50mcg patches quantity 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Fentanyl patch 50mcg #15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Fentanyl patch is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment on opioids should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on Fentanyl without significant functional improvement and with persistent high levels of pain therefore the request for Fentanyl patches are not medically necessary.