

Case Number:	CM15-0199127		
Date Assigned:	10/14/2015	Date of Injury:	02/01/1999
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female, who sustained an industrial injury on 02-01-1999. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for post traumatic neck pain and radiculopathy, failed neck surgery syndrome x 3, and dysphagia caused by neck surgery. Treatment and diagnostics to date has included cervical spine surgeries, physical therapy, and medications. Recent medications have included Fentanyl Patch (on 75mcg at 06-03-2015 visit and 50mcg at 07-29-2015 visit), Oxycodone, and Promethazine. The treating physician noted slowly decreasing her pain medication. After review of progress notes dated 06-03-2015 and 09-08-2015, the injured worker reported a pain level of "12" out of 10 at each visit. Objective findings included cervical spine tenderness with painful and restricted range of motion. The request for authorization dated 09-16-2015 requested neurological consultation, Fentanyl patch 50mcg 1 every 3 days #10, and Oxycodone. The Utilization Review with a decision date of 09-22-2015 denied the request for Fentanyl patch 50mcg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg #10: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury in February 1999 due to repetitive lifting and is being treated for chronic neck pain. She has a history of a cervical fusion in 2002 and a diagnosis of failed cervical surgery syndrome x 3. When seen, she had increasing pain levels with pain rated at 12/10. She was restless and having trouble sleeping. She was not a candidate for surgery. Physical examination findings included a body mass index of nearly 30. There was decreased and painful cervical range of motion. There was decreased upper extremity strength bilaterally. Fentanyl and Oxycodone were continued at a total MED (morphine equivalent dose) of 210 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Pain scores indicate symptom magnification. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.