

Case Number:	CM15-0207245		
Date Assigned:	10/26/2015	Date of Injury:	09/23/1999
Decision Date:	12/29/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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 72 year old male, who sustained an industrial injury on 9-23-99. Medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome and fasciitis. The injured workers current work status was not identified. On (8-28-15) the injured worker complained of pain in the right side of his shoulder rated 8 out of 10 on the visual analog scale. The pain is worse with movement and lying down and is better with rest. Objective findings noted that the cervical, thoracic and lumbar were unchanged. A physical examination was not provided. A progress report dated 2-17-15 noted the injured workers pain level to be 7 out of 10 on the visual analog scale. Treatment and evaluation to date has included medications, urine drug screen and a home exercise program. Treatments and medications tried and failed include physical therapy, electrical nerve stimulation unit and non-steroidal anti-inflammatory drugs. Current medications include Neurontin, Trazodone and Fentanyl patch (since at least February of 2015). The Request for Authorization dated 8-28-15 included a request for Fentanyl patches 50mcg #15. The Utilization Review documentation dated 10-16-15 modified the request to Fentanyl patches 50mcg #10 (original request #15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg, 1 patch every 48 hours #15: 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): Opioids for chronic pain.

Decision rationale: The requested Fentanyl patch 50mcg, 1 patch every 48 hours #15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the right side of his shoulder rated 8 out of 10 on the visual analog scale. The pain is worse with movement and lying down and is better with rest. Objective findings noted that the cervical, thoracic and lumbar were unchanged. A physical examination was not provided. A progress report dated 2-17-15 noted the injured workers pain level to be 7 out of 10 on the visual analog scale. Treatment and evaluation to date has included medications, urine drug screen and a home exercise program. Treatments and medications tried and failed include physical therapy, electrical nerve stimulation unit and non-steroidal anti-inflammatory drugs. Current medications include Neurontin, Trazodone and Fentanyl patch (since at least February of 2015). The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Fentanyl patch 50mcg, 1 patch every 48 hours #15 is not medically necessary.