

Case Number:	CM15-0207364		
Date Assigned:	10/26/2015	Date of Injury:	05/19/2006
Decision Date:	12/14/2015	UR Denial Date:	09/21/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 59 year old male with a date of injury on 05-19-2006. Mechanism of injury occurred when he was hit by a logging skidder. The injured worker is undergoing treatment for carpal tunnel syndrome, pain in joint of upper arm and hand, facial bone fractures and injury of the shoulder and upper arm. A physician progress note dated 07-09-2015 and 08-07-2015 documents the injured worker has complaints of chronic neck pain with headaches and visual disturbance as well as low back, right shoulder and bilateral wrist pain. His pain is severe and increases with any activity, static positions and cold temperatures. He also has jaw pain-right side worse than left. Medications help with his pain. He takes the Fentanyl every 48 hours because he did not receive adequate pain relief using them every 72 hours. Fentanyl decreases his pain by 30-50%. A physician progress note dated 09-08-2015 documents the injured worker has continued severe and constant neck, back and right shoulder pain. He has severe pain in the left wrist. He has short term memory problems. He has continued jaw pain, right side greater than left. He has been referred to an oral surgeon. He has complaints of headaches. He has complaints of poor concentration, memory loss, numbness and weakness. There are multiple facial scars around his mouth and he cannot open his mouth wider than 1.5 inches. There is tenderness to palpation at the right TMJ. He continues to take the Fentanyl patches every 48 hours instead of 72 hours for adequate pain relief of 30-50%. This allow him to perform basic activities of daily living, such as running errands, performing light yard work and household chores with less pain. Without pain meds he would be in more severe pain and his function would be significantly more limited than it already is. In the past he has had significant side

effects and allergic reactions with oral pain medications. He also continues to suffer from depression secondary to the brain injury he suffered as a result of his industrial injury. Cymbalta does decrease his depressive symptoms and elevates his mood. He is not working. Treatment to date has included diagnostic studies, medications, multiple surgeries, and therapies. Current medications include Cymbalta and Fentanyl patches. The treatment plan includes Fentanyl patches 75mcg/hr #15, and Cymbalta. On 09-21-2015 Utilization Review non-certified the request for Fentanyl patches 75mcg/hr #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 75mcg/hr #15: Overturned

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

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

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the documentation submitted for review it was noted that the use of fentanyl patches provided 30-50% pain relief which allowed the injured worker to perform basic activities of daily living such as running errands, performing light yard work and household chores with less pain. It was noted that in the past he had significant side effects and allergic reactions with oral pain medications. Per the medical records, it was noted that UDS performed on 9/8/15 was negative for fentanyl secondary to non-authorization. It is noted that the injured worker's morphine equivalent dose was 180mg MED, which exceeds the guideline recommended 120 mg MED. However, per the guidelines, the daily dose of opioid may be increased above 120 mg MED after pain management consultation. As the provider is a pain management specialist, and the medication allows the injured worker to maintain functional ability, the request is medically necessary.