

Case Number:	CM15-0214072		
Date Assigned:	11/03/2015	Date of Injury:	09/09/1992
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This injured worker is a 63 year old male, who sustained an industrial injury on 09-09-1992. The injured worker was diagnosed as having status post three cervical pain surgeries with C5 to T1 fusion with failed neck syndrome, cervical spine degenerative disease with right C8 radiculopathy, cervicogenic headache, status post right carpal tunnel release surgery on 2002, and right wrist fusion on 01-2012 and revision on 09-2012, and bilateral shoulders impingement syndrome. On medical records dated 10-01-2015, the subjective complaints were noted as chronic neck pain and radicular pain. Objective findings were noted as surgical scar at right front of neck posterior midline neck and right palmer wrist. Range of motion was limited. Bilateral shoulder overhead activity increased pain. Impingement sign were positive on bilateral shoulder. Diffuse tenderness was noted at cervical paraspinal muscles, upper trunk and bilateral shoulder with mild muscle guarding. Treatment to date included a wrist brace, medication and surgical intervention. Current medications were listed as Norco, Baclofen, Neurontin and Mobic. The Utilization Review (UR) was dated 10-08-2015. A Request for Authorization was dated 10-06-2015. The UR submitted for this medical review indicated that the request for Fentanyl patch 12mcg.0hr #5 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 12mcg/hr #5: Overturned

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

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 September 1992 and has undergone multiple cervical spine surgeries including a fusion from C5 to T1. He has a diagnosis of failed neck syndrome. He underwent a right carpal tunnel release in 2002 with a wrist fusion in January 2012 requiring revision in September 2012. When seen in September 2015 he had spasms and severe pain rated at 8-9/10. Current medications included Norco at a total MED (morphine equivalent dose) of 30 mg per day. Physical examination findings included limited cervical spine range of motion. There was increased pain with bilateral overhead activity. There was left shoulder giveaway weakness. There was positive shoulder impingement testing bilaterally. There was diffuse muscle tenderness. He was wearing a wrist brace. Neurontin was continued. Fentanyl 12 mcg was prescribed for pain at the same MED. Prior medications included MSIR, Percocet, and methadone with side effects. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed when the claimant was having ongoing severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Assessment for efficacy and side effects would be expected at follow-up. Prescribing was medically necessary.