

Case Number:	CM15-0221650		
Date Assigned:	11/17/2015	Date of Injury:	11/14/2006
Decision Date:	12/31/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/11/2015

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 46 year old male, who sustained an industrial injury on 11-14-06. The injured worker was diagnosed as having status post left elbow cubital tunnel ulnar transposition, chronic myofascial pain of the cervical and lumbar spine, cervical and lumbar sprain and strain, left shoulder sprain and strain with residual chronic pain, partial thickness tear of the left supraspinatus tendon, and possible opioid-induced hyperalgesia. Treatment to date has included medication including Dilaudid and Fentanyl patches. A urine toxicology screen on 6-2-15 was noted to be consistent. Physical exam findings on 9-3-15 included tightness in the paracervical musculature and tenderness to palpation in the trapezium and right levator scapulae. Hyper-sensitivity was noted along the C7-8 dermatomal pattern on the left. Tenderness was noted in the lumbar paraspinal musculature. Pain was also noted in the medial epicondylar region. The left shoulder was positive for impingement. On 7-7-15 and 9-22-15 left arm pain was rated as 8 of 10 and low back pain was rated as 6-7 of 10. The injured worker had been using Fentanyl patches since May 2015. On 9-22-15, the injured worker complained of left arm pain, mid back pain, and low back pain. On 9-3-15 the treating physician requested authorization for Fentanyl patches 50mcg-hr #10. On 10-6-15 the request was modified to certify Fentanyl patches 50mcg-hr #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg/hr #10 (1 patch every 3 day 30 day supply): 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): 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." Review of the available medical records reveals no documentation to support the medical necessity of fentanyl patch nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/2/15 was noted to be consistent with prescribed medications. CURES report dated 6/29/15 was appropriate. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.