

Case Number:	CM15-0038188		
Date Assigned:	04/02/2015	Date of Injury:	02/12/1996
Decision Date:	12/11/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 52-year-old female who sustained an industrial injury on 02-12-1996. Medical records indicated the worker was treated for injury to shoulder, upper arm, and neck. According to provider notes of 01-27-2015, she has complex regional pain syndrome of the left upper extremity, neck and upper thoracic region, cervical ankyloses with degenerative disc disease, thoracic ankyloses and kyphosis, left shoulder ankyloses, severe. The worker has a spinal cord stimulator, and is also treated for opiate pain management, and pain induced depression. She has an opiate pain contract. In her evaluation, she rated her pain as an 8 on a scale of 0-10. The worker reported increased pain due to cold weather. She reported inability to perform activities of daily living such as housekeeping, meal preparation, or running errand without medication, but feels stable on medication. Physical examination of the left and right shoulders found the left shoulder to be significantly limited in range of motion. Her left scapula exhibited increased mobility since her trigger point injection. Examination of the first rib and scapula muscles caused severe spasms, breath holding, facial flushing, and cessation of speech. Trigger points were found in the lateral scapular muscles. The cervical spine had taut bands at the myofascial trigger points with twitch responses in the muscles of the neck and shoulder. She was upset and anxious, expressing frustration over chronic pain, duration of the chronic pain, and prolonged level of disability. She takes the following medications: Gabitril, Duloxetine, Oxycontin, oxycodone extended release, clonazepam, Oxycodone, and Fentora (since at least 01-05-2015). She has increased some activities of daily living after analgesic control has improved. She has a home exercise program focused on increasing range of motion in her shoulder and

increasing activity in general. Treatment plans included continuing medications. A refill is given on her Fentora. A request for authorization was submitted for Fentanyl 100ug #56 refills 0. A utilization review decision on 02-12-2015: Fentanyl 100 UG #56 refills 0.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100ug #56 refills 0: 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, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: Per CA MTUS Chronic Pain Guidelines, Fentanyl: "Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. For more information and references, see Opioids. See also Actiq (fentanyl lollipop); Duragesic (fentanyl transdermal system); & Fentora (fentanyl buccal tablet)." Per the CA MTUS section on opioids, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration." Fentanyl is a long-acting opioid. Duragesic (fentanyl transdermal system) 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 ALZA Corporation and marketed by Janssen Pharmaceutica (both subsidiaries of Johnson & Johnson). 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. See Fentanyl. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional

improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 1/27/15. Therefore, the determination is not medically necessary.