MAXIMUS Federal Services

Case Number:	CM15-0048327		
Date Assigned:	03/20/2015	Date of Injury:	07/17/2012
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/13/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 7/17/2012. He reported a trip and fall injury onto his right shoulder. The injured worker was diagnosed as having status post rotator cuff repair x2, in 2012 and 2013, failed, and status post cervical spine fusion C2 through C7. Treatment to date has included surgical interventions and conservative treatments, including psychology sessions, physical therapy, cortisone injection, and medications. An allergy to MS Contin was documented, noting hallucinations. Currently, the injured worker complains of ongoing right shoulder pain. He noted struggling with his sleep and emotions, noting more depression lately. He stated that Oxycontin made it difficult to sleep, so he went back to taking Norco (6 per day). Current medications were listed as Norco, Fentanyl patch (initiated), Naproxen, Testim, Prilosec, Benazepril, Levothyroxine, Aspirin, Multivitamin, Effexor, and Wellbutrin. Physical exam noted limited range of motion. If he moved his arm 15 degrees away from his body, he noticed increased pain. The treatment plan included a Fentanyl patch, medication refills, and a pending right shoulder surgical consult. He was currently not working. A progress report, dated 9/29/2014, referenced magnetic resonance imaging of the right shoulder findings, performed on 2/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr Qty 10, per 2/25/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 93 and 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Fentanyl 25mcg/hr QTY 10, per 2/25/15 order. The treating physician report dated 2/18/15 (19) states, "We will start him on fentanyl patch to see if he gets more baseline pain relief." The report goes on to state, "He was up to 6 Norco a day. He is wondering if there is something else that he can take to keep the Norco numbers down." The MTUS has the following regarding initiating opioid therapy: "(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time." The guidelines support the use of a Fentanyl patch for "management of persistent chronic pain which is moderate to severe requiring continuous, around-the-clock opioid therapy." MTUS goes on to state, "Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed." The medical reports provided, do not show that the patient has been previously prescribed a Fentanyl patch. In this case, the physician is prescribing the patient a Fentanyl patch in order to lower his current dose of Norco's and provide him with more baseline pain relief. Furthermore, the patient has built up an opioid tolerance and requires a Fentanyl patch to be used in conjunction with his other opioid medication. The current request satisfies the MTUS guidelines on initiating opioid therapy as outlined on pages 77-78. The request is medically necessary.