

Case Number:	CM15-0052122		
Date Assigned:	03/25/2015	Date of Injury:	09/01/1999
Decision Date:	05/05/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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

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:

The injured worker is a 67 year old female, who sustained an industrial injury on 9/8/99. She has reported neck and bilateral shoulder injury. The diagnoses have included cervical spinal stenosis, rotator cuff tear status post decompression, distal clavicle excision, and carpal tunnel syndrome bilaterally. Treatment to date has included medications, diagnostics, surgery, physical therapy and cervical collar. Surgery included carpal tunnel ligament release in 2006, decompression laminectomies with fusion and instrumentation and right shoulder surgery times two. Currently, as per the physician progress note dated 1/21/15, the injured worker complains of bilateral neck pain that radiates to the right scapula, bilateral forearm pain with numbness of hand and digits. The current pain medications included Celebrex, Cymbalta, Percocet, Soma, and Fentanyl patch. The pain was aggravated by prolonged activity and relieved with medications, use of cervical collar or cervical pillow. Physical exam revealed tenderness over the cervical muscles, range of motion restricted by pain, decreased sensation in the right trapezius and ulnar aspect of bilateral forearms. The Clonus, Babinski and Hoffman's signs were absent bilaterally. The physician requested treatment included Fentanyl patch 50mcg #15 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Fentanyl is a long acting opioid. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was documented in several notes including improved ability to perform ADLs. Recent notes document pain reduction of 50-60%. Urine drug screens are documented as consistent, but the actual results were not included and the notes do not reference the date of the last urine drug screen. For example, the note on ODS 10/22/14 does not specify when the last UDS was performed. Given this, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. Therefore the request is not medically necessary.