

Case Number:	CM15-0059031		
Date Assigned:	04/03/2015	Date of Injury:	07/02/1997
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 was a 65-year-old male, who sustained an industrial injury, July 2, 1997. The injury was sustained when pulling a cable while working as a lineman. The injured worker felt right shoulder pain that worsened after 5 surgeries. The injured worker previously received the following treatments 5 right shoulder surgeries, cervical spine MRI, left shoulder MRI, left shoulder physical therapy, right shoulder trigger point injection, subdeltoid bursa injections, Norco, Neurontin, Ambien, Cosamine, Oxycontin, Fentanyl Patches and Metamucil. The injured worker was diagnosed with chronic right shoulder pain, adequately controlled with medication and left shoulder pain. According to progress note of March 9, 2015, the injured workers chief complaint was neck, right and left shoulder pain. The injured worker rated the pain 6 out of 10, 0 being no pain and 10 being the worse pain. The physical exam noted the injured worker had decrease range of motion to the right shoulder due to pain and weakness. There was full range of motion to the cervical neck. The injured worker was able to lift and hold the left arm above the head level. The treatment plan included a prescription renewal for Fentanyl Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 12 mcg.hr 1 patch every 3 days #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, Duragesic Page(s): 78, 80-81, 88, 124, 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: 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. According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approaches if high dose is needed or if the pain does not improve after 3 months of treatment. Fentanyl is indicated for the management of moderate to severe chronic pain that requires continuous around the clock opioid therapy and that is resistant to alternative therapies. The patient continued to have pain despite the previous use of opioids. The patient was prescribed Fentanyl without clear and objective documentation of function improvement. There is no recent documentation of tolerance to opioids. There is no documentation that the patient condition required around the clock opioid therapy. Therefore, the prescription of Fentanyl patch 12 mcg.hr 1 patch every 3 days #10 is not medically necessary