MAXIMUS Federal Services

Case Number:	CM15-0080296		
Date Assigned:	05/01/2015	Date of Injury:	01/30/2012
Decision Date:	06/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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
Certification(s)/Specialty: Emergency 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 55 year old female injured worker suffered an industrial injury on 01/30/2012. The diagnoses included left rotator cuff syndrome, fibromyalgia, opioid dependence and rheumatoid arthritis. The injured worker had been treated with epidural steroid injections, nerve block, physical therapy, acupuncture, chiropractic therapy, biofeedback, psychotherapy and Tens unit along with orthopedic surgeries. On 3/13/2015 the treating provider reported pain in the neck, upper back, left shoulder, left arm, both elbows, both wrists and hands and radiation to both legs. The pain was rated from 5 to 9/10. Exam notes decreased range of motion of lumbar spine, negative straight leg raise. Shoulder exam revealed decreased range of motion especially with extension. Positive Hawkins, Drop arm and cross arm test. The treatment plan included Fentanyl 75mcg patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg patch every 72 hours, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - Therapeutic Trial of Opioids. Decision based on Non-MTUS Citation Official Disability Guidleines (ODG) Pain Chapter - Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019813s033lbl.pdf.

Decision rationale: Duragesic or fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The documentation of abuse and side effects is appropriate. Continued use of fentanyl patch is not appropriate. Pain control is poor with no objective improvement in pain or function as defined by MTUS guidelines. As per FDA labeling due to high dosage of the medication in each patch and risks of overdose and side effects, fentanyl use requires close monitoring and proper documentation of opioid tolerance. This patient may not be tolerant as defined by FDA labeling guidelines so the provider needs to clearly document this on the record and meet the criteria as per FDA labeling. There is no appropriate documentation of monitoring for side effects or abuse provided. The current prescription and dosage of Fentanyl patch as prescribe is not appropriate and is therefore not medically necessary.