

Case Number:	CM15-0085205		
Date Assigned:	05/07/2015	Date of Injury:	03/05/1998
Decision Date:	06/11/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 44 year old female, who sustained an industrial injury on 03/05/1998. She has reported subsequent left upper extremity pain and headaches and was diagnosed with chronic regional pain syndrome, left supraspinatus and subscapularis rotator cuff partial tears, myofascial pain syndrome, opioid dependency and migraine headaches. Treatment to date has included oral and topical pain medication, home exercise program and physical therapy. In a progress note dated 04/17/2015, the injured worker complained of worsening neck and left upper extremity pain. Objective findings were notable for allodynia in the left upper extremity and a PHQ-9 score which was indicative of severe depression. A request for authorization of Fentanyl patches was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12 mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl, Opioids, Weaning of Medications Page(s): 44, page 47, page(s) 74-95, page 124.

Decision rationale: The fentanyl patch is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing neck and left arm pain and problems sleeping. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested a prior trial of this medication significantly improved the worker's pain intensity and function. However, it is unclear why the worker required this medication more frequently than is generally needed or recommended, and there was no discussion suggesting symptoms were not controlled at the usual frequency or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for fifteen fentanyl 12mcg/h patches is not medically necessary.