

Case Number:	CM14-0166667		
Date Assigned:	10/13/2014	Date of Injury:	01/15/2008
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 46-year-old woman with a date of injury of January 15, 2006. She was standing next to a cast member who dropped a box on her head causing head, neck, shoulder, and back pain. She is status post C6-7 discectomy and fusion April 2012. She has had physical therapy (24 visits), work modification, cortisone shots; she wore a sling, NSAIDs (non-steroidal anti-inflammatory drugs), and 4 shoulder surgeries. She has acupuncture times 14, SBRB on the right C7. There is a report indicating that the IW had partial certification for Duragesic patch on June 25, 2014. Pursuant to the primary treating physician's progress report dated September 17, 2014, the IW was being seen for further evaluation of neck and right shoulder pain. She continues to have benefit with the medications and the Duragesic patches. She gets about 20% to 30% pain relief with the medication regimen. She has been fairly stable without complications from any of the medications and shows no signs of abuse. Pursuant to the primary treating physician's progress report dated September 17, 2014, objective findings include right arm flexion is limited to about 100 degrees, which is slightly better than the last time. Last office visit was August 20, 2014. Abduction is limited to about 80 degrees, which is less than the last time she was seen. She has pain with external rotation. She has some swelling at the shoulder blade. Diagnoses include: 1. Chronic right shoulder pain, multiple surgeries with most recent surgery on April 1, 2010. MRI dated February 9, 2012 showed findings consistent with post-surgical changes. She had repeat surgical repair of rotator cuff/SLAP repair March 20, 2013. 2. Chronic neck pain. 3. Right upper extremity pain, status post (s/p) C6-C7 discectomy fusion April 2012. Current medications: Duragesic patch 25 mcg every 2 days; Norco 5/325mg up to four a day; Trazadone 50mg, 1 to 2 tablets at bedtime, Flexeril 7.5mg orally BID, Biofreeze roll on, and Celexa, Estratest, Lorazepam, Lipitor, Lisinopril (by primary doctor).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 25mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; Duragesic Patch

Decision rationale: Pursuant to the California MTUS Chronic Pain Medical Treatment guidelines and Official Disability Guidelines, Duragesic patch 25 mcg #15 is not medically necessary. In this case, the injured worker is a 46-year-old woman who sustained an injury to her neck and shoulder on January 15, 2006. She has persistent neck and shoulder pain. She's undergone multiple surgeries. Parts of her treatment plan included physical therapy 24 visits, work modification, cortisone shots, nonsteroidal anti-inflammatory drugs and four shoulder surgeries. She had 14 acupuncture visits. Duragesic patch is not recommended as a first-line drug. Additionally, the Duragesic patch is meant to be used/changed every three days. The injured worker was using the patch every two days and at the end of day 2 put a new patch in place. This is a misuse of the Duragesic patch. She also takes Norco, Flexeril and Lorazepam. These medications have an additive sedating and potential addictive effect to that of Duragesic. The medical record documentation is lacking evidentiary support regarding baseline pain and functional assessments, pain related assessments with a detailed history of pain treatment and the effect of pain function, an opiate contract. There was no ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Based on the clinical information available in the medical record and the peer-reviewed evidence-based guidelines, Duragesic patch is not medically necessary.