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| Case Number: | CM14-0112086 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 05/07/2001 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 06/19/2014 |
| Priority: | Standard | Application Received: | 07/17/2014 |

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. 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: Massachusetts

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 51 year old male patient who sustained an industrial injury on 05/07/2001. A primary treating office visit dated 06/25/2012 reported the patient with subjective complaint of neck pain radiating from the neck down bilateral arms. He states that his quality of sleep is fair and amount of sleep has increased. He states the medication is helping and the only issue is constipation. Of note, last visit OxyContin 20mg BID was added. Current medications consist of Mirtazapine, Colace, OxyContin, Voltaren gel, Gabapentin, Ambien, Amitiza, Pennsaid, OxyContin 20mg, Ativan, Miralax, and Senna. The plan of care involved recommendation to receive a cervical epidural. A more recent primary treating follow up dated 01/06/2015 showed the patient with subjective complaint of left shoulder pain. Current medications are: Colace, MS Contin, Trazadone, Amitiza, and Acetaminophen. Current diagnoses are: chronic neck and upper back pain associated with referred pain extending out toward the left shoulder; 03/03/2011 history of anterior discectomies and fusions at C5-6, C6-7 augmented with spacers and anterior plate; chronic mid back pain; resolved low back pain; slight idiopathic adolescent scoliosis; history of occasional gastritis and problem with constipation, initiating stream of urine, and loss interest in sex. Previous diagnostic testing to include: magnetic resonance imaging study, electrodiagnsotic nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mg #5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck, upper back, and left shoulder pain. Medications are referenced as decreasing pain from 9/10 to 2/0. Extended release morphine and oxycodone have been prescribed with significant opioid induced constipation. When seen, there was decreased and painful cervical spine range of motion. There was decreased left shoulder range of motion with positive impingement testing. There was decreased upper extremity strength with testing limited by pain. Fentanyl was prescribed at a total MED (morphine equivalent dose) of 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Fentanyl is a sustained release opioid often used for baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain control. Oral medications were causing constipation. The total MED (morphine equivalent dose) was 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Fentanyl is medically necessary.

Lidocaine 5% Ointment: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck, upper back, and left shoulder pain. Medications are referenced as decreasing pain from 9/10 to 2/0. Extended release morphine and oxycodone have been prescribed with significant opioid induced constipation. When seen, there was decreased and painful cervical spine range of motion. There was decreased left shoulder range of motion with positive impingement testing. There was decreased upper extremity strength with testing limited by pain. Fentanyl was prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the claimant has left shoulder pain which may be amenable to topical treatment. Therefore, the request is medically necessary.