

Case Number:	CM14-0211390		
Date Assigned:	12/24/2014	Date of Injury:	12/11/2012
Decision Date:	02/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/16/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 49-year-old male who reported an injury on 12/11/2012. The mechanism of injury was not submitted for review. The injured worker has diagnosis of history of right shoulder rotator cuff tear status post right shoulder surgery x3 with residual symptoms, mass volar aspect right forearm and decrease in sensation nondermatomal right upper extremity. Past medical treatment consists of surgery, E-stim treatments, acupuncture, spinal cord stimulator, and medication therapy. Medications consist of lisinopril, metoprolol, and pravastatin. Additionally, fentanyl patches 25 mcg and ibuprofen. On 10/09/2014, the injured worker underwent a UA, which revealed the results to be inconsistent with prescription medications. On 12/01/2014, the injured worker complained of right shoulder pain. He described it as dull and achy. He stated that there was burning pain, muscle ramping, and radiation of pain into the right deltoid. The physical examination revealed that there was tenderness over the AC and glenohumeral joint. There was erythema over the right shoulder joint. He had an area of hyperpathia and allodynia particularly at the anterior and lateral aspect. Range of motion was limited in all directions. He had decreased sensation to light touch of the deltoid region. Spasms were noted at the right biceps. The medical treatment plan is for the injured worker to continue with fentanyl patches. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 50 mcg #10 for the purpose of a trial to taper to a lower dose or to cessation if possible by decreasing dosage by 10% every 2-4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl); ongoing management; opioid dosing Page(s): 44; 78; 86.

Decision rationale: The request for fentanyl patch 50 mcg #10 for the purpose of a trial to taper to a lower dose or to cessation if possible by decreasing dosage by 10% every 2-4 weeks is not medically necessary. The California MTUS Guidelines indicate that fentanyl is not recommended as a first line therapy. The FDA-approved product labeling states that fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behaviors and side effects. The submitted documentation lacked evidence of the side effects. There was a lack of evidence that the fentanyl was helping with any functional deficits the injured worker had. The report did submit a drug screen dated 10/09/2014, showing that the injured worker was not compliant with prescription medications. The documentation lacked any objective improvement in function. Furthermore, the request as submitted failed to provide proper assessment showing what pain levels were before, during, and after medication administration. Given the above, medical necessity cannot be established. As such, the request is not medically necessary.