

Case Number:	CM15-0114062		
Date Assigned:	06/22/2015	Date of Injury:	11/21/2011
Decision Date:	09/03/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on November 21, 2011. She reported muscle weakness and difficulty with her cervical spine and upper extremities. The injured worker was currently diagnosed as status post cervical fusion, double crush syndrome, history of carpal tunnel syndrome status post surgeries and ulnar nerve compression. Treatment to date has included diagnostic studies, acupuncture, physical therapy, wrist braces, chiropractic treatment, exercises and medications. On March 3, 2015, the injured worker complained of neck pain, numbness and tingling, fibromyalgia, depression and sleep difficulty. She was noted to continue to be quite symptomatic. Physical examination revealed restricted range of motion, weakness with gripping and spasm on the cervical spine. Phalen and Tinel signs were positive. The treatment plan included pain management, rheumatology evaluation, psychological evaluation and follow-up visit. On June 8, 2015, Utilization Review non-certified the request for Duragesic patch no refills, however one month supply allowed for weaning, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) page 74-96.

Decision rationale: Duragesic patch is an ultra-potent opioid, specifically cited as not recommended noting no research-based pharmacological or clinical reason to prescribe for transdermal Fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury without functional improvement from treatment already rendered. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Duragesic patch is not medically necessary and appropriate.