

Case Number:	CM15-0127992		
Date Assigned:	07/14/2015	Date of Injury:	07/19/2010
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 33 year old male, who sustained an industrial injury on July 19, 2010. The injured worker has complaints of injuries involving closed head injury neck with radiculopathy both shoulder derangements with multiple reconnecting surgeries as well as low back pain lower extremity radiculopathy bilateral hip pain and episodic absence seizures. The documentation noted that there is tenderness at the cervical occipital and cervical para vertebral muscles and low back both hips. The diagnoses have included closed-head injury; post-traumatic headaches; cervical sprain; right and left shoulder status post reconstruction and lumbar sprain. Treatment to date has included fentanyl patch; norco and injections. The request was for fentanyl patches 12mcg an hour quantity 15 patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patches 12mcg/hr quantity 15 patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for hip, shoulder, and wrist pain. When seen, pain was rated at 2-10/10 depending on activity. Physical examination findings included an antalgic gait and the claimant was ambulating with a cane. There was tenderness and stiffness of the hands and fingers. There was pain with cervical rotation and limited shoulder range of motion. Medications being prescribed included transdermal fentanyl at a total MED (morphine equivalent dose) of 30 mg per day. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.