

Case Number:	CM15-0171871		
Date Assigned:	09/14/2015	Date of Injury:	09/01/1999
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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 66 year old female, who sustained an industrial injury on September 1, 1999 resulting in pain or injury to the neck and both upper extremities. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, status post cervical fusion, cervical post-laminectomy syndrome, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical facet joint arthropathy-facet joint pain, bilateral ulnar neuropathy (cubital tunnel syndrome), right shoulder rotator cuff, and right shoulder pain. On August 5, 2015, the injured worker was reported to have bilateral neck pain, right worse than left, lower worse than upper radiating to the right scapula, bilateral forearm pain along the ulnar aspect, and numbness of the hand and bilateral 3rd and 5th digits. The Treating Physician's report dated August 5, 2015, noted the injured worker's current medications as Celebrex, Cymbalta, Percocet, Soma, Fentanyl patch, Prilosec, Metformin, Klor-con, Triamterene, Lovastatin, and Diovan. Physical examination was noted to show tenderness to palpation of the cervical paraspinal muscles with cervical range of motion (ROM) restricted by pain in all directions. Decreased sensation was noted in the right trapezius and along the ulnar aspect of the bilateral forearms. The Physician noted the injured worker's fentanyl patch provided a 60% decrease of the injured worker's pain with 50% improvement of the injured worker's activities of daily living (ADLs) such as self-care and dressing. The injured worker's Oswestry Disability Index (ODI) score was noted to be a 31 (62% disability) with the use of the Fentanyl patch, with an ODI score of 50 (100% disability) without the use of the Fentanyl patch. The injured worker was noted to be on an up to date pain contract, with previous urine drug screen

(UDS) consistent. The medication was noted to have no adverse effect on the injured worker, with previous attempts at weaning unsuccessful, resulting in functional decline. The injured worker was noted to show no aberrant behavior with the medication. The injured worker was noted to have been prescribed the Fentanyl patch since at least January 2015, with documentation of consistent ODI ratings. Prior treatments have included bilateral carpal tunnel release, right shoulder surgeries, cervical fusion in 2003, and medications including prior medications of Oxycontin and Morphine IR. The injured worker was noted to have last worked in 1999. The request for authorization dated August 12, 2015, requested Fentanyl patch 100mcg #15. The Utilization Review (UR) dated August 20, 2015, modified the request to Fentanyl patch 100 mcg/hr 1 patch every 48 hours #10 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in March 1999 and continues to be treated for neck pain with radiating upper extremity symptoms. Medications are referenced as providing a 60% decrease in pain with 50% improvement in activities of daily living. When seen, her BMI was over 41. There were trunk and right upper extremity surgical scars. There was decreased and painful cervical spine range of motion with paraspinal tenderness. There was decreased right trapezius and bilateral forearm sensation. Medications were prescribed including fentanyl and Percocet at a total MED (morphine equivalent dose) of over 410 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.