

Case Number:	CM15-0179099		
Date Assigned:	09/21/2015	Date of Injury:	12/01/2010
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old male with a date of injury of December 1, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervical spine pain, cervicogenic migraine, and intra-articular shoulder injury. Medical records dated July 9, 2015 indicate that the injured worker complains of left shoulder pain, deformity, and swelling rated at a level of 7 to 8 out of 10, cervical spine rated at a level of 7 to 8 out of 10 associated with radicular pain, numbness and tingling of the bilateral arms. A progress note dated August 6, 2015 reveals similar subjective complaints to those documented on July 9, 2015. The physical exam dated July 9, 2015 revealed decreased strength of the left finger flexors, left biceps left triceps, left shoulder abductors, left shoulder adductors, left thumb adductors, and left finger extensors, decreased and painful range of motion of the left shoulder, numbness and tingling with medial nerve compression, abnormal Tinel's, decreased sensation to light touch in the C6 and C7 dermatomes, decreased reflexes in the left biceps and left brachioradialis, pain to palpation over the C2-C5 facet capsules on the left, secondary myofascial pain with triggering and ropey fibrotic banding, and pain with rotational extension. The progress note dated August 6, 2015 documented a physical examination that showed no changes since the examination on July 9, 2015. Treatment has included medications (Cymbalta 60mg three capsules a day, Duragesic 25mcg per hour one patch every 72 hours, Neurontin 300mg one to two capsules three times a day, and Zanaflex 2mg one tablet twice a day since at least April of 2015; Vicodin 5-325mg one tablet three times a day as needed documented on August 6, 2015), shoulder surgeries, and magnetic resonance imaging of the cervical spine (May 7, 2015) that showed small disc protrusions that could possibly impinge the ventral nerve roots. The treating physician indicates that the urine drug testing result dated April 14, 2015 was "within normal limits as they all are".

The original utilization review (August 11, 2015) partially certified a request for a one week supply of Duragesic patches 25mcg per hour, one patch every 72 hours (original request for ten patches).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25mcg/hr patch 72hr apply 1 patch to skin q 3d #10: 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): Duragesic (Fentanyl transdermal system), Opioids, criteria for use, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: Duragesic 25mcg/hr patch 72hr apply 1 patch to skin q 3d #10 is not medically necessary per the MTUS Guidelines. The MTUS states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal an objective urine toxicology screen for review. The documentation reveals that the patient has been on long-term opioids without significant increase in function or significant improvement in pain levels therefore the request for continued Duragesic is not medically necessary.