

Case Number:	CM15-0064209		
Date Assigned:	04/10/2015	Date of Injury:	08/24/2007
Decision Date:	05/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/04/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on August 24, 2007. She has reported shoulder and neck pain and has been diagnosed with neuralgia, neuritis, and radiculitis, unspecified and postlaminectomy syndrome. Treatment has included surgery, physical therapy, medications, a home exercise program, injections, and medical imaging. Currently the injured worker had constant burning pain in the suprascapular region going down the arm to the right thumb, index, and long finger. There was also pain going down the midline to the lower portion of the thoracic spine. The treatment request included Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl (Duragesic) 12mcg/hr 72 patch (29): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, MTUS guideline criteria for the prescription of chronic narcotics has been satisfied. Documented examples of functional improvement and decreased pain are provided in the documentation. Also, urine drug screens are discussed, and it is repeatedly stated that there has been no evidence of aberrant behavior. This request is medically necessary.