

Case Number:	CM15-0075107		
Date Assigned:	05/13/2015	Date of Injury:	04/04/1990
Decision Date:	06/10/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 62 year old male patient who sustained an industrial injury on 04/04/1990. The accident was described as having had fallen through a roof of a building with resulting bilateral shoulder injuries. Subsequently, the patient has undergone three surgical interventions. A more recent primary treating office visit dated 12/02/2014 described the patient having undergone computerized tomography study of abdomen/pelvis, radiography study, carotid Doppler study and fluoroscopy. The assessment and plan of care noted crush injury upper arm multiple sites; shoulder joint pain, insomnia, depressive disorder, cerebral infarct, tobacco dependency syndrome, hyperlipidemia, essential hypertension, low back pain, and epilepsy. The patient takes the following pain medications: Fentanyl 75 mcg, Oxycodone/APAP 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg/hr patch #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system), Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines supports the careful use of opioids if there is meaningful pain relief, functional improvements from use and a lack of drug related aberrant behaviors. These standards are met with this individual. The prescribing physician has provided documentation of significant pain relief and improved functioning. No aberrant behaviors are noted during multiyear use. Under these circumstances, the Fentanyl 75mcg/hr #15 patches is supported by Guidelines and is medically necessary.