

Case Number:	CM15-0077108		
Date Assigned:	04/28/2015	Date of Injury:	07/02/1997
Decision Date:	05/26/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/22/2015

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: Arizona, California

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 65 year old male, who sustained an industrial injury on 7/2/1997. The mechanism of injury is unknown. The injured worker was diagnosed as having 5 shoulder surgeries with a shoulder replacement, cervicalgia with bilateral arm radiculopathy, cervical spondylosis and myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/6/2015, the injured worker complains of neck, upper back pain and right shoulder pain. The treating physician is requesting a Fentanyl patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25 mcg/h #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Norco and NSAIDS. The claimant had been on the medications for months. Pain persisted at 7/10. There was no indication for combining multiple opioids and no one opioid is superior to another. Pain was not well controlled on 12.5 mg of Fentanyl and a request was made to double the dose. Since there was not much benefit in the past with multiple opioids, there is no indication that more opioids would provide lasting benefit. There was no mention to taper or reduce short acting opioids and NSAIDS with Fentanyl increase. The request for additional higher dose of Fentanyl is not medically necessary.