

Case Number:	CM14-0142680		
Date Assigned:	09/10/2014	Date of Injury:	02/15/1999
Decision Date:	10/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Patient with reported date of injury on 2/15/1999. No mechanism of injury was provided for review. Patient has a diagnosis of chronic neck pain, cervical disc disease and post cervical fusion. Medical reports reviewed. Last report available until 8/15/14. Patient complains of moderate-severe and constant neck pain. Pain is 7/10. Noted no side effects and no drug-seeking behavior. Objective exam reveals limited range of motion of neck, tenderness and increased tone in base of neck bilaterally. R forearm has noted decreased sensation. Urine drug testing has been appropriate. Medication list include Fentanyl patch, Norco and Diazepam. Patient has attempted conservative measures such as NSAIDs, physical therapy and epidurals with minimal improvement. Independent Medical Review is for Fentanyl patch 75mcg #15. Prior UR on 8/25/14 recommended modification of Fentanyl to #12 for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 75mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids Page(s): 76-78.

Decision rationale: Fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation. There is no noted objective improvement in function and patient is noted to be having significant pain even with current opioid therapy. Patient continues to take other opioids including norco. The documentation of abuse and side effects is appropriate. As per FDA labeling due to high dosage of the medication in each patch and risks of overdose and side effects, fentanyl use requires close monitoring and proper documentation of opioid tolerance and while this patient is obviously tolerant, the provider needs to clearly document this on the record. The lack of documentation of pain control and improvement in function means as per MTUS Chronic pain guidelines, continued use of Fentanyl patches is not medically necessary.