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| <b>Case Number:</b>   | CM13-0030521 |                              |            |
| <b>Date Assigned:</b> | 11/27/2013   | <b>Date of Injury:</b>       | 03/31/2009 |
| <b>Decision Date:</b> | 04/17/2014   | <b>UR Denial Date:</b>       | 09/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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:

The patient is a 53-year-old male who reported an injury on 03/31/2009 after he sustained a low back injury while rolling carpet. The patient ultimately underwent a lumbar fusion that failed to resolve the patient's chronic pain. The patient's chronic pain was managed with multiple medications. The patient's most recent clinical evaluation documented that the patient's treatment history included physical therapy, massage therapy, topical creams, patches and selective nerve root blocks without any significant benefit. Additionally, it was noted that the patient failed to respond to 2 trials of a spinal cord stimulator. The patient's multiple medications included Dilaudid 8 mg, Fentanyl 25 mcg/hr patches, Fentanyl 15 mcg/hr patches and Fentora 400 mcg buccal tablets. It was noted that the patient had improved function with medications, very minimal side effects and no evidence of aberrant behaviors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTORA TAB 400MCG, QTY: 15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management and Opioid Dosing Page(s): 78-86.

**Decision rationale:** The requested Fentora tablet 400 mcg (Quantity: 15.00) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the continued use of medications be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does indicate that the patient has functional improvement with the medications versus without the medications and is monitored for compliance with urine drug screens. However, the clinical documentation submitted for review fails to provide any quantitative measures to support the efficacy of this medication. Additionally, the California Medical Treatment Utilization Schedule does not recommend that patient's medications exceed 120 morphine equivalent dosing per day. The patient's most recent clinical documentation indicated that the patient was on multiple medications that are well in excess of this recommendations. Additionally, it is noted that the patient is on several forms of Fentanyl. There is no support within the documentation to support the patient's multiple Fentanyl-related medications. As such, the requested Fentora tablets 400 mcg (Quantity: 15.00) are not medically necessary or appropriate.