

Case Number:	CM13-0036691		
Date Assigned:	12/13/2013	Date of Injury:	02/10/1998
Decision Date:	02/14/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 claimant is a 70 year old female who sustained a work related injury on 02/10/1998. The mechanism injury was not provided for review. The claimant has diagnoses of chronic low back pain- post-laminectomy syndrome, lumbago, lumbosacral neuritis, lumbosacral spondylosis and depression. On evaluation she complains of significant low back pain with decreased range of movement. She is treated with medical therapy, physical therapy and activity restrictions. She has been recommended to undergo medical branch block at bilateral L3-4, L4-5 and L5-S1. The treating provider has also requested Fentora 400mg #28.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 400 mcg QTY 28.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 91-97.

Decision rationale: Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentora is a Fentanyl buccal tablet. It is currently approved for the treatment of breakthrough pain in certain cancer patients. Per California MTUS Guidelines, short-acting

opioids such as Fentora are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no indication that there has been any failed trials of first-line opiates. Fentora is not indicated for the long term treatment of chronic low back pain. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.