

Case Number:	CM13-0041365		
Date Assigned:	12/20/2013	Date of Injury:	09/20/2000
Decision Date:	02/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 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 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 51-year-old male. Date of injury is 09/20/2000. The request for Fentora 60 mcg #112 was denied by utilization review letter dated 10/03/2013. Per 07/29/2013 report by [REDACTED], the patient presents with chronic pain and discomfort in the low back, radiation down into buttocks and hip, both legs with MRI from 2011 showing no fracture or spondylolisthesis, but mild disk desiccations at all levels and degenerative endplate changes. Diagnostic assessments were discogenic low back pain, status post IDET x2, lumbar spondylosis, lumbar spine sprain/strain syndrome, thoracic spine strain, obesity secondary to immobility and industrial injury, insomnia, depression, and anxiety. The patient is being prescribed Fentora buccal tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 600 mcg #112 (rx from 7/29/2013): Upheld

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

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

Decision rationale: This presents with chronic low back pain with prior history of IDET, MRI showing mild spondylosis, discogenic low back pain. The patient is being prescribed Fentora. MTUS Guidelines is quite clear regarding use of Fentora. MTUS Guidelines page 47 states that this is not recommended for musculoskeletal pain, and that this is an opioid currently approved for the treatment of breakthrough pain in certain cancer patients. Recommendation is for denial.