

Case Number:	CM13-0068236		
Date Assigned:	01/03/2014	Date of Injury:	01/11/2005
Decision Date:	05/28/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/19/2013

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, 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:

The injured worker is a 44-year-old female who reported an injury on 01/11/2005. The injured worker reportedly sustained an injury to her bilateral knees. The injured worker's treatment history included surgical intervention to both knees. It was documented that the injured worker's chronic pain was managed with medications to include Nucynta ER, Norco, and Celebrex. The injured worker was evaluated by the requesting physician on 10/09/2013. Physical findings included near constant pain of the bilateral knees with crepitus with active range of motion and strength documented as 3/5 in flexion and extension. It was observed that the injured worker had an antalgic gait due to pain without an assistive device. The injured worker's diagnoses included reflex sympathetic dystrophy of the lower extremities and derangement of the medial meniscus. The injured worker's treatment plan included a urine drug screen, and a prescription of Nucynta, Norco, and Celebrex. A request for Fentora was submitted. No justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE USAGE OF FENTORA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentora and Criteria for use of Therapeutic Trial of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The prospective usage of Fentora is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the initiation of an opioid when other medications have failed to provide an analgesic effect for the patient. Clinical documentation submitted for review does indicate that the injured worker has been taking other first-line opioids for pain control. There is no evidence that these medications are not providing adequate pain control for this patient. There was no justification provided for the need to initiate the usage of this medication. An adequate pain assessment prior to initiation of this medication was also not provided. Also, the request as it is submitted does not provide a dosage, frequency, or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the prospective usage of Fentora is not medically necessary.