

Case Number:	CM14-0006589		
Date Assigned:	03/03/2014	Date of Injury:	01/11/2005
Decision Date:	07/03/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 44-year-old female with a 1/11/05 date of injury. The patient injured her right knee and is status post right knee arthroscopy in Feb 2013. She has ongoing complaints of bilateral knee pain with intermittent popping, swelling, tenderness and locking. An 8/21/13 progress note remarked that the patient was taking 8-10 Norco per day and was becoming opiate tolerant. On 10/24/13 exam, findings revealed tenderness in the right knee over the patellar tendon, quadriceps tendon, and crepitus in the patellofemoral joint. Extension was limited to 105 degrees. The left knee was noted to have a moderate effusion. An arthroscopy of the right knee was recommended. O 1/2/14 it was noted that Fentora was causing some confusion. The patient wanted to continue the Fentora for postoperative pain. In addition, the patient was noted to be on Nucynta MS Contin, and Norco. The patient complained of 7-8/10 pain. The MS Contin was discontinued as it made the patient drowsy. Treatment to date: medications, right knee arthroscopy with chondroplasty of the patella. A Utilization Review decision dated 1/16/14 modified the request given to a one-month supply of Fentora 200mcg as this medication caused confusion side effects, there was no evidence of visual analog scale with and without the medication, and no documentation of monitoring or efficacy with prior use. The one-month supply was authorized in order to taper the patient of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTORA TAB 200MCG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) guidelines, Fentora is not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the FDA for approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, but approval was not obtained. This patient does not have a cancer diagnosis, he has bilateral knee pain and this is not an indication for Fentora. In addition, the patient was noted to be drowsy on this medication. The request for Fentora 200 mcg was modified to a one-month supply was authorized in order to initiate a taper. Therefore, the request for Fentora was not medically necessary.