

Case Number:	CM14-0012215		
Date Assigned:	02/21/2014	Date of Injury:	02/25/2002
Decision Date:	07/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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 Tennessee. 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 59-year-old male with a date of injury of 2/25/02. The mechanism of injury was not noted. On 2/6/14, his VAS score was 7/10 and continues to experience increase pain. The bilateral knee issues have aggravated the lower back. He continues on oxymorphone for baseline pain, oxycodone for moderate breakthrough pain and the Fentora for severe breakthrough pain. Objective findings include sciatic notch tenderness bilaterally, tenderness to palpation over the sacroiliac joints and had significant pain with flexion and extension movements of the trunk. There was a general restricted range of motion of the lumbar spine. The left knee is tender to palpation and the right knee was in a full leg brace. The diagnostic impression is multi-level lumbago with bilateral radiculopathy, s/p spinal cord stimulator implantation, left knee arthropathy, right shoulder arthropathy, and a recent fall with right knee injury. Treatment to date: TENS units, physical therapy, personal training sessions, pool therapy, medication management, surgery, pain management A UR decision dated 1/14/14, denied Fentora 400mcg #84. The decision was modified to allow one prescription of Fentora 400mcg #17. The rationale for the modification was not included in the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 400mcg #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Section Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on long-term opiate therapy for pain management with some functional gain. However, there is no documentation of a CURES Report. It is unclear if an opiate pain contract was signed and there was no urine drug screen results noted in the records. A UR decision modified the request for Fentora to #17 from #84, which will allow a tapering prior to discontinuing to avoid withdrawal symptoms. The patient also has oxymorphone ER 40mg twice a day for baseline pain and oxycodone 30mg for breakthrough pain (he is prescribed 270 tablets/month, which equals 9 tablets of oxycodone per day). Of significant note, without taking into account the oral Fentora, the Morphine Equivalent Dose (MED) with just the oxymorphone ER and oxycodone alone is already 645. Guidelines only support a MED of up to 200. This patient, even excluding the Fentora, is at an extremely high MED, which puts him at increased risk of respiratory depression and overdose. Therefore, the request for Fentora 400cg #84 was not medically necessary.