

Case Number:	CM14-0017335		
Date Assigned:	04/14/2014	Date of Injury:	08/21/1991
Decision Date:	06/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date of 08/21/91. Based on the 01/30/14 progress report provided by [REDACTED], the patient complains of persistent low back pain. She has tenderness in the sacroiliac joint region. She also has a palpable tender and trigger point present at the left lower intercostal area. Deep palpation of this produces a twitch response. The patient's diagnoses include lumbar spondylosis, chronic pain syndrome, post lumbar laminectomy syndrome and trigger point. [REDACTED] is requesting for Fentora (Fentanyl). The utilization review determination being challenged is dated 02/11/14. [REDACTED] is the requesting provider and provided treatment reports from 04/23/13- 03/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTORA (FENTANYL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , FENTORA(R) (FENTANYL BUCCAL TABLET),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS/Long-Term Users of Opioids (6-months or more)/Re-Assess/Strategy for.

Decision rationale: According to the 01/30/14 report by [REDACTED], the patient presents with persistent low back pain and is taking both OxyContin and Fentora. The request is for Fentora (Fentanyl). The patient has been using the Fentanyl Patch since the first progress report provided from 04/23/13. The 11/07/13 report by [REDACTED] states that the medications help the patient to function better and allows her to complete ADLs. No specific ADLs or pain scales were mentioned. Fentanyl Patches release Fentanyl, a potent opioid, slowly through the skin. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. In this case, none of the reports specifically discuss how Fentora has been helpful in terms of decreased pain or functional improvement besides that "it helps her function." In addition, the provider does not use any numerical scales to assess patient's pain and function as required by California MTUS. There are no discussions regarding the patient's specific ADL's, besides saying that the patient can complete more ADLs; no mention of the patient's quality of life. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.