

Case Number:	CM14-0024828		
Date Assigned:	06/11/2014	Date of Injury:	09/10/2010
Decision Date:	08/05/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 50- year-old male who reported an injury on 9/10/2010. The mechanism of injury is not provided. On 10/1/2013, the injured worker presented with no change in symptoms and requesting authorization for a branch block. Upon examination there was mild carpal tunnel syndrome, revealed with a nerve conduction study of the upper extremity and lower extremity electromyography (EMG) Neck Thru Body was normal. The diagnoses for a clavical fracture, anxiety and stress, and fracture of the lumbar. Prior therapy included medications. The provider recommended Fentora 28 day supply, the provider's rationale is not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Fentora 28 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Fentora.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Fentora.

Decision rationale: The request for medication Fentora 28 day supply is non-certified. The California MTUS Guidelines recommend the use of Opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Additionally, the Official Disability Guidelines (ODG) states that Fentora is not recommended for musculoskeletal pain. Fentora is an opioid pain killer currently approved for the treatment of breakthrough pain in certain cancer patients. Prior to a trial of Fentora, the injured worker should have a screening for risk and addiction and there should be evidence of a psych screening with particular emphasis on evaluation for depression, anxiety, somatoform disorder and personality disorder. The included medical documents lack evidence of an objective assessment and the injured worker's pain level, functional status, evaluation of risk for apparent drug abuse behavior, and side effects. Additionally, the injured worker does not have a diagnosis that would be congruent with the guideline recommendation of Fentora. The provider's request does not indicate the dose or frequency of their request in medication. As such, the request is non-certified.