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| <b>Case Number:</b>   | CM14-0034613 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 08/21/1993 |
| <b>Decision Date:</b> | 07/22/2014   | <b>UR Denial Date:</b>       | 03/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2014 |

### 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 28 year old female with an injury date of 08/21/93. Based on the 02/26/14 progress report provided by [REDACTED] the patient complains of mid back pain. Paraspinal muscle tenderness and trigger points are noted in the left paraspinal muscles. Spasm is palpable. Her diagnoses include post lumbar laminectomy syndrome, lumbar spondylosis and chronic pain syndrome. [REDACTED] is requesting Fentora. The utilization review determination being challenged is dated 02/26/14. [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:** 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 Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;78 & 88-89;.

**Decision rationale:** According to the 02/26/14 report by [REDACTED], the patient presents with mid back pain. The request is for Fentora. The patient has been taking Fentora 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, California 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 California MTUS Guidelines. Therefore the request is not medically necessary.