

Case Number:	CM14-0034678		
Date Assigned:	06/20/2014	Date of Injury:	04/27/2010
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 injured worker is a 38 year old female with injury reported on 02/27/2010 while taking care of a patient. The injured worker was attempting to shift the patients' weight to prevent him from falling and she noted immediate pain in her lower back. The injured worker had an exam on 10/22/2013 due to complaints of constant, dull pain in lower back that radiates into her legs. She denied numbness and tingling. The medication list consisted of Hydromorphone, Duexis, Baclofen, Abstral and Tizanidine. The injured worker did have an MRI on 11/07/2013 that was unremarkable and also an electronic myelogram and nerve conduction study of the bilateral lower extremities that show evidence of mild acute S1 radiculopathy on the left. The plan of treatment is recommended for orthopedic reexamination, to continue to use her medications and a brief course of therapy. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 200mcg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for Fentora 200mg is non-certified. The California MTUS guidelines state that Fentora is not recommended for musculoskeletal pain. Also that Fentora is approved for breakthrough pain in certain cancer patients. There is no medical history of any type of cancer provided. There is no evidence to support the need for Fentora. Furthermore the request does not state the directions of frequency and duration. Therefore the request for Fentora is non-certified.