

<b>Case Number:</b>	CM14-0038100		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Pain Medicine 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:

This is a patient with a date of injury of March 31, 2009. A utilization review determination dated March 17, 2014 recommends noncertification of Fentora. A progress report dated August 20, 2013 indicates that the patient at that time was using Fentanyl 100g every 2 days and Dilaudid 8 mg 1 to 2 pills every 4 hours for breakthrough pain. A progress report dated October 3, 2013 identifies subjective complaints indicating that the patient has received a walker. No subjective complaints of pain or description of the location of the patient's pain are listed. Current medications include fentanyl, dilaudid, Xanax, Zanaflex, and Fentora among others. The physical examination is provided. Diagnoses include radiculopathy, failed back syndrome, and status post spinal cord stimulation implant. The treatment plan states that the patient's pain is decreased and this function is improved with the use of his medications. Without them, he would have difficulty tolerating even routine activities of daily living. He denies any side effects and there have been no aberrant drug behaviors with the medication. The note indicates that a pain contract is on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTORA 400MCG #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 44, 47.

**Decision rationale:** Regarding the request for Fentora (fentanyl), California MTUS cites that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use when opiates are utilized. They do not specifically address this formulation of fentanyl, but they do specifically recommend against the use of other short-acting formulations of fentanyl for musculoskeletal pain. Official Disability Guidelines (ODG) states that Fentora is not recommended for musculoskeletal pain and is approved for the treatment of breakthrough pain in certain cancer patients. Within the documentation available for review, there is no clear rationale presented for the use of this medication for musculoskeletal pain in addition to both long-acting and short-acting opioids, despite guideline recommendations. It should be noted that opiates should not be abruptly stopped; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Fentora is not medically necessary.