

Case Number:	CM14-0044892		
Date Assigned:	07/02/2014	Date of Injury:	03/31/1998
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family Medicine, and is licensed to practice in Utah. 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 51 year-old male with a date of injury of 03/31/1998. The mechanism of injury is not stated. The patient has been diagnosed with chronic low back pain, with radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, myofascial pain, chronic neck pain, osteoarthritis, depression, poor sleep hygiene, and analgesic tolerance. The patient's treatments have included physical therapy, injections, behavioral management, imaging studies and medications. The physical exam findings, dated 01/23/2014 show an otherwise healthy appearing male, in no acute distress. His back exam shows tenderness to palpation on the left compared to the right, which is worse with standing and walking. He has a limited active range of motion in the lumbar spine, with no new neurological deficits. The patient's medications have included, but are not limited to, fentanyl, baclofen, celebrex, cymbalta, dilaudid, and tramadol. The request is for Fentora. It is not stated if the patient has been on this medication before or what the outcomes included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 200 ugm, #28: Upheld

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

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

Decision rationale: It is currently approved for the treatment of breakthrough pain in certain cancer patients. The clinical documents state that the patient has musculoskeletal pain. According to the clinical documentation provided and current MTUS guidelines, Fentora is not medically necessary at this time.