

Case Number:	CM14-0050835		
Date Assigned:	07/07/2014	Date of Injury:	06/15/2000
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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:

Patient is a 56 year-old male with date of injury 06/15/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/07/2014, lists subjective complaints as chronic neck pain and headaches, arm pain and numbness, and low back pain. Objective findings: No physical examination was performed. Diagnosis: 1. displacement of lumbar disc without myelopathy 2. Degeneration lumbosacral intervertebral disc 3. Degeneration cervical intervertebral disc 4. Postlaminectomy syndrome, lumbar 5. Cervicalgia 6. Cervicocranial syndrome 7. Lumbago 8. Thoracic/lumbosacral radiculitis 9. Spasm of the muscle 10. Unspecified myalgia and myositis. Patient claims he is unable to function with everyday activities without the use of medications. There was insufficient documentation supplied for review to determine whether or not this patient has taken the following medication farther back than the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 400 mcg X 28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: Fentora is oral fentanyl, a strong narcotic indicated for cancer patient's with breakthrough pain. There are strict guidelines for its use. Limitations of use: As part of the TIRF REMS access program, Fentora may be dispensed only to help patient's enrolled in the program. There is no documentation in the medical record that the patient has cancer or is enrolled in the TIRF REMS access program. Therefore, the request is not medically necessary.