

Case Number:	CM14-0075286		
Date Assigned:	07/16/2014	Date of Injury:	03/31/1998
Decision Date:	09/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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:

The injured worker is a 52-year-old male who reported an injury on 03/31/1988. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, lumbago, thoracic/lumbosacral neuritis/radiculitis, spasm of muscle, and unspecified myalgia and myositis. Past treatments consisted of a home exercise program, radiofrequency ablation, transforaminal epidural steroid injection, and medication therapy. Medications include Baclofen, Celebrex, Cymbalta, Dilaudid, Fentanyl patches, Fentora, and Tramadol. An MRI of the lumbar spine was obtained on 03/21/2014. On 05/01/2014, the injured worker complained of low back pain with bilateral leg pain. The physical examination revealed that the injured worker rated his pain at an 8/10. The examination also revealed that there was decreased left leg pain/numbness to toe. The injured worker had limited active range of motion in the lumbar spine. There were no new neurological deficits. The treatment plan is for the injured worker to continue the use of Fentanyl patches and Fentora 200 mcg. The provider felt that the continuation of the medication would help with symptom management for the injured worker. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/: 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 Duragesic (fentanyl) , ongoing management, opioid dosing Page(s): 44, 78, 86.

Decision rationale: MTUS Guidelines indicate that Duragesic (Fentanyl) is not recommended as a first line therapy. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. There were no side effects listed in the reports. There was a lack of evidence that the Fentanyl was helping with any functional deficits that the injured worker had. Furthermore, the submitted report lacked any evidence of drug screens showing that the injured worker was in compliance with the MTUS Guidelines. Additionally, the request as submitted lacked a duration for the medication. As such, the request is not medically necessary.

Fentora 200mcg: 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 Fentora (fentanyl buccal tablet) Page(s): 47.

Decision rationale: MTUS Guidelines do not recommend Fentora for musculoskeletal pain. Fentora is an opioid pain killer currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the FDA for approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, but approval was not obtained. The submitted report did not indicate that the injured worker had a diagnosis of any type of cancer. Given that the MTUS does not recommend Fentora for the use of chronic low back pain, and the there lacked a congruent diagnosis with the MTUS guidelines, the request for Fentora 200 mcg tablet is not medically necessary.