

<b>Case Number:</b>	CM14-0039999		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	11/10/1997
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 10, 1997. In a utilization review report dated March 25, 2014, the claims administrator approved a request for Dilaudid, approved a request for Opana, and approved a request for Lyrica while denying Fentora. Non-MTUS ODG Guidelines on Fentora were invoked. The claims administrator stated that its decision was also based, in part, on a February 25, 2014 progress note. The applicant's attorney subsequently appealed. In the said February 25, 2014 progress note, the applicant reported ongoing complaints of low back pain reportedly associated with an industrial strain injury. The applicant had undergone multiple epidural steroid injections, a radiofrequency ablation procedure, and multiple lumbar spine surgeries. The applicant was reportedly a candidate for further lumbar spine surgery, it was stated. The applicant was using baclofen, Celebrex, Dilaudid, Fentora, Opana, and Lyrica. The applicant was off work and "disabled," it was acknowledged. The applicant's BMI was 31. The applicant was given diagnoses of intractable low back pain, reportedly severe, bilateral lower extremity pain, poor sleep hygiene, myofascial pain syndrome, depression due to intractable pain, and opioid dependency. It was stated that the applicant was having difficulty performing activities of daily living as basic as ambulating. The applicant was having difficulty walking even a few blocks. The attending provider suggested that the applicant consider a wheelchair, surgery, and/or a home health aide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentora 600 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fentora

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentora, When To Continue Opioids Page(s): 47 and 80.

**Decision rationale:** As noted on page 47 of the MTUS Chronic Pain Medical Treatment Guidelines, Fentora is "not recommended" for musculoskeletal pain but, rather, should be reserved for breakthrough pain in certain individuals with cancer. Here, the applicant was/is, in fact, using Fentora for musculoskeletal pain, despite the unfavorable MTUS position on the same. The applicant, furthermore, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant has been deemed disabled and is receiving both Workers' Compensation Indemnity and Social Security Disability Insurance benefits. The applicant's pain complaints were described as heightened and severe on the February 25, 2014, progress note at issue, it is further noted. On that date, the applicant was having difficulty performing activities of daily living as basic as ambulating. All of the foregoing, taken together, did not make a compelling case for continuation of Fentora. Therefore, the request is not medically necessary.