

Case Number:	CM14-0044268		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2012
Decision Date:	04/17/2015	UR Denial Date:	03/26/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39-year-old who has filed a claim for chronic knee pain and complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of March 2, 2012. In a Utilization Review Report dated March 26, 2014, the claims administrator failed to approve a request for Fentora. The claims administrator referenced an RFA form received on January 29, 2014 in its determination, along with a progress note of January 14, 2014. The applicant's attorney subsequently appealed. On December 30, 2013, the applicant reported ongoing complaints of knee and lower extremity pain. A spinal cord stimulator reprogramming transpired. The applicant was off of work and had been deemed disabled, it was acknowledged. On January 9, 2014, the applicant reported 7-8/10 knee, lower extremity, and back pain. The applicant had apparently overused Dilaudid and needed an early refill of the same. The applicant was using a cane to move about. Dilaudid, Zanaflex, and Klonopin were endorsed. The applicant's complete medication list included Exalgo, Gralise, Desyrel, Effexor, Dilaudid, Zanaflex, and Klonopin. On January 16, 2014, the applicant presented reporting a flare of pain and was given a shot of Demerol in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 800mcg #112 cost: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentora (fentanyl buccal tablet); 4) On-Going Management Page(s): 47 78.

Decision rationale: No, the request for Fentora was not medically necessary, medically appropriate, or indicated here. As noted on page 47 of the MTUS Chronic Pain Medical Treatment Guidelines, Fentora is not recommended in the treatment of chronic musculoskeletal pain, as was/is present here. The applicant's primary pain generators appear to be low back pain, knee pain, and/or complex regional pain syndrome (CRPS), i.e., conditions for which Fentora is not recommended. Rather, page 47 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that Fentora should be reserved for breakthrough pain in applicants with cancer. Here, there was no mention of the applicant's having cancer. It is further noted that the applicant is already using a number of short-acting opioids, including Dilaudid, for breakthrough pain. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that the lowest possible dose of opioids should be employed to improve pain and function. Introduction of Fentora, thus, ran counter to this principle. Therefore, the request was not medically necessary.