MAXIMUS Federal Services

Case Number:	CM15-0194938		
Date Assigned:	10/08/2015	Date of Injury:	11/01/1989
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 11-01-1989. He has reported subsequent low back and lower extremity pain and head and mouth pain was diagnosed with headache, lumbar nerve root injury, arachnoiditis, and muscle spasm, discogenic degeneration of the lumbar spine, epidural fibrosis and reflex sympathetic dystrophy. Myelogram was noted to show severe arachnoiditis and nerve clumping but the date of the test was unclear. Treatment to date has included oral and topical pain medications, which were noted to have failed to significantly relieve the pain. Documentation shows that Fentora was prescribed at least as far back as 03-03-2015. In progress notes dated 06-16-2015 and 08-12-2015, the injured worker reported back pain that was becoming more severe and that he had unrelenting head and mouth pain. The physician noted that the injured worker tries to reduce medication use but that when pain increased, the injured worker resumed the "former, higher dose." The injured worker was noted to spend a lot of the day in bed in pain and was noted to need 24-hour care and assistance with increased swelling and mottling of the legs reported with standing. The physician indicated that the injured worker used more medication because of the pain in the head and noted that he needed some additional Fentora and had not been able to get it, so Lazanda would be prescribed. Objective examination findings on 06-16-2015 and revealed bilateral foot swelling due to RSD, decreased knee and ankle jerks bilaterally, decreased low back range of motion with pain, unstable gait, positive straight leg raise of the bilateral legs to 20 degrees with pain at the low back with radiation down the ipsilateral leg, hypersensitivity to light touch in the calves and feet and stasis ulcers on both legs. Lumbar sympathetic nerve blocks were planned along with an MRI of the brain and cervical spine and consideration was

being given for an implantable pump. A request for authorization of Fentora 400 mcg #90 was submitted. As per the 09-18-2015 utilization review, the request for Fentora 400 mcg #90 was modified to certification of Fentora 400 mcg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 400mcg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentora (fentanyl buccal tablet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.