

Case Number:	CM15-0030932		
Date Assigned:	02/24/2015	Date of Injury:	02/12/1996
Decision Date:	04/10/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury on 2/12/96. The injured worker reported symptoms in the cervical spine, back and shoulders. The diagnoses included injury to shoulder; upper arm neck pain. Treatments to date include trigger point injections, opioid analgesic spray, oral pain medication, and activity modification and home exercise program. In a progress note dated 1/5/15 the treating provider reports the injured worker was with "severe tenderness to palpation to deep pressure" upon examination of the thoracic spine, "left anterior and posterior ribs were mild tender. Deep breathing was limited on the left. Muscle spasm remained significant." On 1/13/15 Utilization Review non-certified the request for Fentora Fentanyl Unit dosage 100 microgram, 1 unit daily as needed for breakthrough pain arising from the left shoulder, Quantity of 30 units with 0 refills. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora Fentanyl Unit dosage 100mcg, 1 unit daily PRN for breakthrough pain arising from the left shoulder, Quantity 30 units with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

Decision rationale: Regarding the request for Fentora (fentanyl), Chronic Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. A progress note on 1/5/2015 documented the patient has improved pain and able to perform ADLs with the use of pain medication, including Subsys, Fentora, Oxycontin ER, and oxycodone. However, within the documentation available for review, there is no discussion regarding aberrant use, and no monitoring with urine drug screen or CUREs report. Furthermore, the patient is receiving two different formulations of fentanyl, including Subsys sub-lingual spray and Fentora sub-lingual tab without clear documentation of why both are needed. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Fentora (fentanyl) is not medically necessary.