

Case Number:	CM15-0046015		
Date Assigned:	03/18/2015	Date of Injury:	04/17/2000
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/11/2015

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, Georgia
 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 58-year-old male, who sustained an industrial injury on 04/17/2000. He reported low back, right lower leg, and left lower leg pain. On provider visit dated 01/15/2015 the injured worker has reported chronic lower back pain that radiates into left, buttock, anterior thigh, posterior thigh, posterior calf, dorsal foot. Numbness, paresthesia and weakness were noted as well. On examination he was noted to have paralumbar spasm and tenderness to palpation on the right, a decreased range of motion was noted and a positive straight leg raise. The diagnoses have included lumbar disc displacement, post laminectomy syndrome of lumbar region, lumbar radiculopathy and low back pain. Treatment to date has included laboratory studies, medication, lumbar spine epidural injections and ice, heat, MRI and x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 800mcg, #30 (01/26/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 47, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 47, 74-89.

Decision rationale: CA MTUS states that Fentora is not indicated for musculoskeletal pain and indicates that it should be used only as indicated for breakthrough pain in cancer patients, citing evidence that the manufacturer applied for an indication for use of Fentora in low back pain and did not receive an indication for such use. Additionally, when CA MTUS allows for the use of certain opioid medication for the management of chronic pain, it outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Most importantly, the indication for use is low back pain/musculoskeletal pain, which is an indication for which Fentora is specifically not indicated. Therefore, the record does not support medical necessity of ongoing therapy with Fentora.

Cymbalta 60mg, #30 (01/26/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 15-16.

Decision rationale: CA MTUS states that Cymbalta is indicated for anxiety, depression, diabetic neuropathy and fibromyalgia. It is used off label for neuropathic pain. In this case, the claimant is diagnosed with chronic back pain but no neuropathic component is documented. Use of Cymbalta is not medically indicated.