

Case Number:	CM15-0051235		
Date Assigned:	03/24/2015	Date of Injury:	04/01/2005
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/18/2015

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: Arizona, California
 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 61-year-old female who sustained an industrial injury on 4/1/05. The mechanism of injury was not available for review. Currently she is experiencing neck pain (2/10), low back pain (6-7/10), right sacroiliac joint pain, right shoulder and thigh pain. Medications are dexilant, fentora, propranolol, Xanax. Diagnoses include lumbar degenerative disc disease; degeneration of cervical intervertebral disc; spinal stenosis, cervical region; bilateral carpal tunnel syndrome; sacroiliitis; post-traumatic stress disorder; thoracic/lumbosacral neuritis/ radiculitis; closed fracture of lumbar vertebra; pain in thigh and pelvic region; right shoulder impingement syndrome; muscle spasms right trapezius and rhomboid muscles; chronic pain syndrome. Treatments to date include right sacroiliac joint injection (10/15/13) and physical therapy. Diagnostics include MRI lumbar spine (5/2/14); electromyography/nerve conduction study (7/8/14) normal. On 5/20/14, the claimant was noted to neck painful range of motion. The claimant was on Duragesic patches for pain (Fentanyl). No indication of pain levels was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora 100mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, 47, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Fentanyl for unknown length of time. Pain response, length of use or change in function is not known. The Fentora (Fentanyl) is not justified /substantiated and not medically necessary.