

Case Number:	CM14-0195796		
Date Assigned:	12/03/2014	Date of Injury:	04/12/2003
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/21/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old male who was injured on April 12, 2003. The injured worker continued to experience left upper extremity pain. Physical examination was notable for holding left upper extremity in guarded position, normal speech, and intact cranial nerves. Diagnoses included cervicalgia, cervical spondylosis, and elbow tenosynovitis. Treatment included medications, spinal cord stimulator, physical therapy, surgery, cognitive behavioral therapy, and injections. Request for authorization for Fentora tab was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora Tab 100 mcg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 78 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines.

Decision rationale: Fentora is a sublingual preparation of Fentanyl. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. It is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock

opioid therapy. The pain cannot be managed by other means. Chronic Pain Medical Treatment Guidelines state that opioids are not "recommended as a first line therapy." Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The injured worker should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) have failed. In this case the injured worker has been taking opioids since at least 2012 and has not obtained analgesia. Criteria for long-term use of opioids have not been met. The request is not medically necessary.