

<b>Case Number:</b>	CM13-0045461		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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:

This case involves a 57 year-old male with a 1/24/02 industrial injury claim. He has been diagnosed with reflex sympathy dystrophy of the upper extremity. According to the 10/8/13 anesthesiology/pain management report from [REDACTED], the patient presents with chronic left shoulder/arm and hand/finger pain, with no major changes since 8/8/13. The pain is 6-7/10, and function is 4-7/10. He has been taking MS Contin, methadone, Norco, and Fentora. He also has a spinal cord stimulator. Fentora was reported to be effective for severe breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **28 FENTORA 200MCG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** The patient presents with chronic right upper extremity pain from reflex sympathy disorder. He is reported to have a spinal cord stimulator and takes MS Contin, methadone, Norco, and Fentora. The MTUS specifically states that Fentora is not recommended

for musculoskeletal pain, and that it is not FDA approved for chronic back pain or chronic neuropathic pain. The use of Fentora for chronic neuropathic pain is not in accordance with MTUS guidelines. As such, the request is not medically necessary.