

<b>Case Number:</b>	CM15-0003878		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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

### 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 38 year old female, who sustained an industrial injury on June 17, 2010. She has reported right wrist pain and middle back pain. The diagnoses have included carpal tunnel syndrome, chronic regional pain syndrome, depression and anxiety. Treatment to date has included carpal tunnel release, occupational therapy, physical therapy, heat, transcutaneous electrical nerve stimulation (TENS) unit, and medications. Currently, the injured worker complains of increased pain of the right hand, right thumb pain with locking, neck and right shoulder pain. The treating physician is requesting a prescription for Abstral. On December 29, 2014 Utilization Review non-certified the request for the prescription for Abstral noting the lack of documentation to support the medical necessity of the medication. The MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abstral 300 mcg quantity: 32:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) page 74-96.

**Decision rationale:** Abstral (Fentanyl Sublingual) is an ultra-potent opioid, specifically cited as not recommended in the ACOEM Guidelines supplement, noting no research-based pharmacological or clinical reason to prescribe for Fentanyl for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury without functional improvement from treatment already rendered. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Abstral 300 mcg quantity: 32 is not medically necessary and appropriate.