

<b>Case Number:</b>	CM15-0106068		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	04/12/2003
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 64 year old male who sustained an industrial injury on 04/12/2003 resulting in injury to the left shoulder, wrist and hand. Treatment provided to date has included: acupuncture, spinal cord stimulator placement (2011), medications, and conservative therapies/care. Diagnostic testing was not provided or discussed. Comorbidities included hepatitis. There were no other dates of injury noted. On 04/15/2015, physician progress report noted complaints of upper extremity pain. The pain was rated 5/10 (0-10) in severity, and was described as constant, chronic, and worsened with activities. Additional complaints included pain rising steadily in the left arm, ulnar, up to the elbow; constant right mid-hand pain which has now moved to the volar wrist to mid-forearms; bilateral hand spasms with gripping for more than 30 to 60 seconds; wrist pain; weakness in the bilateral hands; and pain at the spinal cord stimulator placement. The pain is reported to be improved with medications, spinal cord stimulator. Current medications include oxycodone, Lyrica and MS Contin. The physical exam revealed holding the left upper extremity in his lap in a guarded position, and a Hamilton depression assessment score of 24 indicating severe depression. The provider noted diagnoses of reflex sympathetic dystrophy, testicular hypofunction, cervicgia, cervical spondylosis, pain in hand, adjustment disorder, tenosynovitis, in the elbow, lesion of the ulnar nerve, and chronic pain syndrome. Plan of care includes reduction of oxycodone, consider outpatient detox for opiate weaning, MSER, continued Lyrica, considering omeprazole or other PPI is gastric symptoms persist, and follow-up. The injured worker's work status was not mentioned on the

latest report. The request for authorization and IMR (independent medical review) includes: Prescription for Subsys.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Subsys 200mcg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 115, 47-49, Chronic Pain Treatment Guidelines Fentanyl, Actiq (fentanyl lollipop), Opioids, Criteria for Use, Opioids for Chronic Pain Page(s): 47, 12, 78, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 04/30/15: Subsys.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-96.

**Decision rationale:** Sybsys (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 Subsys 200mcg #120 is not medically necessary and appropriate.