

Case Number:	CM13-0054647		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2001
Decision Date:	08/22/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 is a 42-year-old male with a 08/21/2001 date of injury. A specific mechanism of injury was not described. 11/13/13 determination was non-certified given no indication that the patient has failed a first line long acting opiate such as generic extended release morphine sulfate. Records indicate that on 10/21/13 the patient complained of low back pain. The patient presented for a second opinion for possible implantation of pain implant. The patient was recommended a new prescription of Abstral 800mcg #32 for 16 days. 10/16/13 pain management report identified that the patient's medications included Zanaflex, Subsys, OxyContin, and Percocet. OxyContin was prescribed at 80mg 1-2 po q 8hr and Percocet 10/325mg 1-2 po q 4hr. It was noted that methadone was to be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABSTRAL 800MCG, #32/ 16 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 44. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA states that ABSTRAL (fentanyl) sublingual tablets are indicated for the

management of breakthrough pain in cancer patients 18 years of age and older who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain.

Decision rationale: The patient has chronic pain and tolerant to opioid therapy, identified by current use of high doses of OxyContin and Percocet. In addition, the patient was utilizing Subsys, apparently with good pain relief. However, it should be noted that neither Subsys nor Abstral are indicated for treatment of musculoskeletal pain. Specifically, Abstral is only indicated for the management of breakthrough pain in cancer patients. In addition, this medication should be prescribed only as part of TIRF REMS Access program and the records provided did not contain any documentation from such. There was no rationale for the necessity of this medication in this patient and the medical necessity was not substantiated.