

<b>Case Number:</b>	CM13-0065710		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/22/1995
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Acupuncture, has a subspecialty in Pain Medicine 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:

63year old female injured worker with date of injury 8/22/95 has related pain in the left leg. Per progress report dated 10/15/13, she rated her pain as 7/10 in intensity. She complained of ongoing pain in the left leg with burning along the sole of her foot. She ambulated with a wheelchair. Exam revealed neurologic deficit due to post laminectomy syndrome. CT of the lumbar spine dated 8/9/12 revealed prior fusion from L3-S1, there was lack of bone fusion of the disc space graft at L5-S1 and vacuum phenomenon was noted at the disc space level. Multilevel spondylosis and mild degenerative joint disease of the S1 joints was noted. There was also partial bone fusion of the posterolateral bone grafts placed from the L3 through S1 levels. She was status post L2-L3 laminectomy and fusion revision with hardware in 9/2011. The documentation submitted for review does not state whether physical therapy was utilized. She has been treated with surgery and medication management. The date of UR decision was 11/15/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS SUBSYS SPR 800MCG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FENTANYL TRANSDERMAL (DURAGESIC) Page(s): 47.

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

**Decision rationale:** Subsys is a sublingual spray formulation of fentanyl. Per MTUS CPMTG, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The MTUS is silent on the use of sublingual fentanyl, however, fentanyl buccal tablets are not recommended for musculoskeletal pain, and are currently approved for the treatment of breakthrough pain in certain cancer patients. As the MTUS does not recommend fentanyl for musculoskeletal pain, the request is not medically necessary.