

Case Number:	CM14-0001314		
Date Assigned:	01/22/2014	Date of Injury:	07/01/2000
Decision Date:	06/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

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, 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:

The injured worker is a 56-year-old female who reported an injury on 07/01/2000 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/11/2013 for reports of persistent somatic mid back pain rated at 9/10 before medication and 5/10 to 6/10 after medication. The exam noted moderate tenderness to palpation in the right thoracic spine region with muscle spasm and pain with bilateral facetogenic maneuvers. There was also tenderness to palpation at the right T6-7 facet joints. The treatment plan indicated physical therapy, home exercise program, possible epidural steroid injection, thoracic spine imaging, massage therapy and a possible cervical spine MRI. The request for authorization and rationale for the request were not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBSYS SPRAY 200MCG DAY SUPPLY 30 QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Subsys® (fentanyl sublingual spray).

Decision rationale: The Official Disability Guidelines do not recommend Subsys for musculoskeletal pain. The FDA has approved Subsys for breakthrough cancer pain only. There is no evidence in the documentation provided of a diagnosis of cancer. Furthermore, there is a lack of evidence of evaluation of possible aberrant drug use in the form of an official drug screen. The request for for Subsys Spray 200mcg day supply 30 qty 30 is not medically necessary.