

Case Number:	CM14-0013504		
Date Assigned:	02/26/2014	Date of Injury:	12/25/2010
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation, and is licensed to practice in Texas. 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 58 year old male injured on 12/25/10 due to a fall landing on the left side. Current diagnoses include pain in the joint involving pelvic region and thigh, sprain of other specific sites of hip and thigh, pain in joint involving lower limb, insomnia, thoracic or lumbosacral neuritis/radiculitis. The injured worker underwent left hip arthroscopy, acetabuloplasty, osteoplasty of femoral neck, debridement of labrum, and debridement of synovium for the diagnosis of left hip labral tear and synovitis on 05/29/13. The injured worker has experienced ongoing left hip pain following surgical intervention. The injured worker has undergone 24 visits of postoperative physical therapy, home exercise program, injection therapy, and medication management. The clinical documentation dated 12/19/13 indicated the injured worker complained of continued left hip pain rated at 9/10 on VAS described as sharp. The injured worker reported pain was exacerbated by activity, walking, sitting, reaching, abduction, and adduction. The plan of care indicates intent to utilize Subsys 100mcg per unit, 1 spray daily for chronic pain. The initial request for Subsys 100mcg/unit, 1 spray #30 was initially non-certified on 01/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBSYS 100 MCG/UNIT ONE SPRAY, #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 (Chronic) , Subsys® (fentanyl sublingual spray)

Decision rationale: As noted in the Official Disability Guidelines, Subsys is not recommended for musculoskeletal pain. The FDA has approved Subsys Fentanyl sublingual spray for breakthrough cancer pain only. Prescribers are required to review an educational program, successfully complete a knowledge assessment, and complete an enrollment form according to FDA materials. Reportedly, the manufacturer has been aggressively marketing the pain killer to physicians who do not treat cancer patients and there are related federal fraud charges. As such, the request for Subsys 100mcg per unit, 1 spray, #30 cannot be recommended as medically necessary.