

Case Number:	CM14-0192188		
Date Assigned:	11/25/2014	Date of Injury:	10/23/2006
Decision Date:	01/13/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 31 year old male with an injury date of 10/23/06. The reports from 10/29/14 to 11/11/14 state that the patient presents with a chronic thoracic spinal condition and chronic neck pain. 10/29/14 examination reveals flexion produced Thoracic pain on the left at T8 area. There is tenderness to palpation with taught bands at myofascial trigger points with twitch responses in the levator scapula, trapezius and rhomboid muscles causing radiating pain to the posterior scapula and neck. Examination of the left shoulder reveals positive lift off and impingement test with tenderness to palpation causing radiating pain to the left shoulder and left upper extremity. The left thoracic region was sensitive to pressure with paresthesias radiating along the thoracic dermatome at T8-T10. The patient's diagnoses from 10/29/14 include: 1. Thoracic intervertebral disc extrusions a T6-T7 and T7-T8 and cord impingement with mild myelopathic symptoms of left foot tingling2. Cervical degenerative changes with persistent neck pain and headaches3. Thoracic rib dysfunction and pain with thoracic radiculopathic symptoms4. Left shoulder ankyloses due to thoracic myofascial tension5. Left upper extremity paresthesis, numbness and weakness in the C8 distribution6. Depression and anxiety related to chronic pain, mild to moderate7. Erectile dysfunction8. Sleep disorder related to chronic pain9. Sensitivity to Cymbalta10. Chronic severe painCurrent medications include Zohydro ER (Hydrocodone), Baclofen, Tramadol, Docusate, Ibuprofen, and Norco. The utilization review being challenged is dated 11/08/14. The rationale is that this medication is FDA approved for cancer pain which is not present in the patient. Reports were provided from 06/08/13 to 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl spray 200 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Subsys (fentanyl sublingual spray)

Decision rationale: The patient presents with chronic thoracic spinal pain, headaches, and pain in the neck, left shoulder and left upper extremity. The treater requests for Fentanyl spray 200 mg #30 per 10/29/14 report and RFA. It appears the patient is starting this medication at this time. MTUS page 47 Fentanyl states the medication is an opioid analgesic with potency 80 times greater than morphine. However, MTUS is silent regarding Fentanyl spray. ODG Pain Chapter, Subsys (fentanyl sublingual spray) states, "Not recommended for musculoskeletal pain. FDA has approved Subsys fentanyl sublingual spray, from Insys Therapeutics, only for breakthrough cancer pain." The treater states on the 10/29/14 RFA that Subsys Fentanyl sublingual spray is intended for breakthrough pain. In this case, the medication is not recommended for musculoskeletal pain and is indicated for cancer pain. There is no evidence in the reports provided that cancer is present in this patient. The request is not medically necessary.