

Case Number:	CM14-0023704		
Date Assigned:	05/12/2014	Date of Injury:	04/25/1993
Decision Date:	07/29/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, 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:

The patient is a 53-year-old female with a 4/25/93 date of injury with chronic intractable pain and multiple body parts. Diagnosis includes degenerative disc disease and lumbar spine, lumbar disc disorder, herniated disc, and cervical degenerative disc disease. 9/30/13 progress note described ongoing neck, bilateral upper extremities, and low back pain. Gait was antalgic, and there were spasms in the lumbar spine with tenderness at L4-5 and L5-S1. Cervical spine range of motion was reduced with tenderness, trigger points, and positive Spurling's test bilaterally. Medications include Tagaderm, promethazine suppository, Subsys, fentanyl patch, Lidoderm, Colace, and Senokot. 1/27/14 progress note described chronic pain without significant changes. Medications including fentanyl patch and Subsys spray for breakthrough pain were requested the patient utilizes Dilaudid. 2/24/14 note described severe pain in the neck, mid back, as well as lower back. Dilaudid was noted to help with breakthrough pain, however Subsys helps much more. Fentanyl patch at 75 mcg is used every three days, as well as Dilaudid 3-4 tables/day. Subsys is used for severe breakthrough pain. However, it was noted that there has been failure of morphine, Nucynta, and oxycodone; long acting, as well as immediate release methadone and Avinza. These medications have not really provided any significant benefit for long periods of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 800mcg/spray sublingual spray #60: Upheld

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

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

Decision rationale: Regarding Subsyn Spray and Actiq, ODG states that fentanyl sublingual spray is recommended only for breakthrough cancer pain. There is no documentation of the patient being diagnosed with cancer. There is documentation of the patient utilizing a fentanyl patch, as well as Dilaudid, besides the Subsys spray. Documentation regarding the medical necessity of these drugs has not been provided. It has not been discussed why two breakthrough pain medications are necessary. The 2/24/14 note described failure of other medications, as well as lack of FDA approval for Subsyn, other than for patients with cancer. Medication that is not guideline or FDA supported, the request cannot be substantiated.