

Case Number:	CM14-0028863		
Date Assigned:	06/20/2014	Date of Injury:	11/12/2008
Decision Date:	08/01/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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:

According to the records made available for review, this is a 37-year-old female with an 11/12/08 date of injury. At the time (2/6/14) of request for authorization for SUBSYS SPR 200mcg, there is documentation of subjective (left foot and ankle pain and muscle spasms) and objective (pain in the left foot, ongoing allodynia, and difficulty with light sensation along the affected area) findings, current diagnoses (CRPS type I and II and lumbalgia secondary to gait disturbance), and treatment to date (medications (including SUBSYS SPR) which are working well overall).

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBSYS SPR 200MCG DAY SUPPLY: 30 QTY: 30 REFILLS: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS; Chronic Pain Treatment Guidelines, Duragesic (Fentanyl Transdermal System), page 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Subsys (fentanyl sublingual spray).

Decision rationale: An online search identifies SUBSYS SPR as a Fentanyl Sublingual Spray. The MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic (Fentanyl

Transdermal System) is not recommended as a first-line therapy and documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means as criteria necessary to support the medical necessity of Duragesic (Fentanyl Transdermal System). The ODG identifies that SUBSYS (Fentanyl Sublingual Spray) is not recommended for musculoskeletal pain. Therefore, based on the guidelines and a review of the evidence, the request for SUBSYS SPR 200mcg is not medically necessary.