MAXIMUS Federal Services

Case Number:	CM14-0031850		
Date Assigned:	06/20/2014	Date of Injury:	08/22/1995
Decision Date:	08/29/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 62-year-old woman who sustained a work-related injury on August 22, 1995. Subsequently, she developed chronic low back, neck and arm pain. She underwent L2-3 lamiectomy and fusion revision ith hardware on September 2011. According to a progress report dated January 30, 2014, the patient has reported a constant right arm and low back pain. Her pain was rated 8-9/10. The patient was complaining of poor sleep quality due to pain. Her lumbar spine CT dated August 9, 2012 showed prior fusion from L3 through S1. MRI of the Sacrum dated April 22, 2011 showed left sacroiliac joint degenerative changes and mild edema. EMG/NCS dated January 29, 2011 showed chronic neuropathic findings. MRI of the cervical spine dated January 15, 2011 revealed mild disc desiccation and disc space narrowing at C3-4; there is 2 mm central disc protrusion indenting the anterior cord with mild spinal stenosis. There is mild to moderate disc desiccation and disc space narrowing at C5-6. Her medication included: Soma, Ms Contin, Detrol, Zofolt, Zantac, Xanax, Prilosec, Lyrica, Benadryl, and Lidoderm patches. The patient was diagnosed with depression second to chronic pain, post laminect syndrome lumbar region, lumbago, and radiculitis. The provider requested authorization for Subsys spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys spray 800 mcg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Subsys medication guide- Food and Drug Administration. www.fda.gov/downloads/Drugs/DrugSafety/UCM287863.

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

Decision rationale: According to MTUS guidelines, Fentora (fentanyl buccal tablet) not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the FDA for approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, but approval was not obtained.. Subsys spry is not recommended for chronic use for pain management. There is no documentation that the patient has persistent cancer pain and /or is tolerant to around the clock opioids. Therefore, Subsys 800mcg #30 is not medically necessary.