

Case Number:	CM14-0034882		
Date Assigned:	06/23/2014	Date of Injury:	04/22/2008
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine 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 55 year old female who sustained an injury to her low back on 04/22/08. The injured worker sustained a slip and fall which ultimately resulted in the performance of lumbar laminectomy on 11/22/12. Post-operatively the injured worker had been identified as having a failed back surgery syndrome. Current medication profile included Lyrica 150mg, Lidoderm 5% patches, Lyrica 75mg and Vicodin 5/300mg. According to the clinical record, the claimant underwent a spinal cord stimulator trial with reported 80% relief. Her lower leads were removed on 02/10/14 and permanent implantation was deferred secondary to cellulitis. The claimant ultimately underwent implantation. Per a clinical note dated 05/19/14 she continued to have low back pain radiating into the left lower extremity and was reported to have pain levels of 7/10 made worse with increasing activity. She was able to perform self-care. On physical examination she was noted to be well developed well nourished. She ambulated with a use of a cane. No detailed physical examination was provided. Spinal cord stimulator continued to help her with pain throughout the day and she was reported to have no changes or side effects while on medications. The record contained utilization review determination dated 02/20/14 in which a request for Subsys Fentanyl sublingual spray 400mcg quantity 120 units was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys (Fentanyl sublingual spray) 400mcg qty 120 units per 30 days.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Subsys[®] (fentanyl sublingual spray).

Decision rationale: The request for Subsys Fentanyl sublingual spray 400mcg quantity 100 units 120 units for 30 days is not recommended as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome. According to the submitted records the injured worker completed a spinal cord stimulator trial on 02/10/14 with 80% relief and reported complete elimination of opiate medications during the trial. The permanent implantation was delayed secondary to cellulitis. Records suggest that she ultimately underwent permanent implantation as such the continued use of opiate medications would not be clinically indicated based on this information further the provision of Subsys spray for breakthrough pain would not be supported based on the data provided. Therefore the request is not medically necessary.