

Case Number:	CM14-0035189		
Date Assigned:	06/23/2014	Date of Injury:	05/26/2011
Decision Date:	08/13/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 injured worker is a 52-year-old female who reported an injury after she fell on her knees 05/26/2011. The clinical note dated 02/25/2014 indicated diagnosis of right knee post traumatic arthritis status post open reduction and internal fixation of bicondylar tibial plateau fracture. The injured worker reported pain in her right knee that was severe. The injured worker indicated that the cortisone injection helped but the pain had come back. The injured worker reported swelling and was taking pain medications as prescribed. The injured worker reported she felt a pop in her knee and had immediate worsened pain. The injured worker had been having difficulty bearing weight. On physical examination, the injured worker was presented in a wheelchair. There was valgus deformity with soft tissue swelling. There was tenderness to palpation at the medial and lateral joint line. The injured worker's range of motion was from 5 degrees to 110 degrees with pain. The injured worker had mild instability with solid endpoints. The unofficial radiographs dated 02/25/2014 revealed severe osteoarthritis with collapse of the lateral compartment status post open reduction and internal fixation tibial plateau fracture with intact hardware in good position, no acute fractures noted. The injured worker's prior treatments included diagnostic imaging, physical therapy, injections, and medication management. The injured worker's medication regimen included cortisone, viscosupplementation, gabapentin, Fentanyl Patch, Flexeril, Subsys, Buspar, and Seroquel. The provider submitted a request for Subsys. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 800mcg AX, #240 with no refills: Upheld

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

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

Decision rationale: The request for Subsys 800 mcg AX, #240 with no refills is not medically necessary. The Official Disability Guidelines state Subsys is not recommended for musculoskeletal pain. FDA has approved Subsys fentanyl sublingual spray, from Insys Therapeutics, only for breakthrough cancer pain. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for cancer. In addition, there is lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, there was a lack of quantified pain relief. Additionally, there is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request is not medically necessary.