

Case Number:	CM14-0037779		
Date Assigned:	06/25/2014	Date of Injury:	06/30/2009
Decision Date:	07/22/2014	UR Denial Date:	02/14/2014
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 Physical Medicine and 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 46-year-old male with a reported date of injury of 06/30/2009. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of pain in the low and mid back. The clinical documentation indicated the injured worker experienced the same pain for 3 years. The injured worker rated his pain at 8/10. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses included asthma, failed back syndrome, chronic postop pain, and chronic pain due to trauma. The injured worker's medication regimen included Ambien, Lidoderm patches, mirtazapine, clonidine, Subsys, morphine, and Exalgo ER. The Request for Authorization for Subsys 800 mcg 120 units was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBSYS 800 MCG 120 UNITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, Opioids, On-going management Page(s): 47, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Subsys (fentanyl sublingual spray).

Decision rationale: Fentanyl is an opiate analgesic with a potency 80 times that of morphine. In addition, the California MTUS Guidelines state that the ongoing management for opiates should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. In addition, the Official Disability Guidelines state that Subsys (fentanyl sublingual spray) is not recommended for musculoskeletal pain. The FDA has approved Subsys (fentanyl sublingual spray), only for breakthrough cancer pain. The clinical information provided for review lacks documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the clinical documentation indicates that the injured worker has utilized Subsys prior to 08/2013. There was a lack of documentation related to the therapeutic and functional benefit in the ongoing utilization of Subsys. In addition, the Official Disability Guidelines does not recommend Subsys for musculoskeletal pain. The FDA has approved Subsys (fentanyl sublingual spray), only for breakthrough cancer pain. Furthermore, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Subsys 800 mcg 120 units is not medically necessary.