

Case Number:	CM14-0038921		
Date Assigned:	04/04/2014	Date of Injury:	06/18/2008
Decision Date:	05/07/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 Emergency Medicine and is licensed to practice in New York. 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 36-year-old male who was injured on June 18, 2008. The patient continued to experience low back pain. Physical examination was notable for lumbosacral tenderness, decreased range of motion of the lumbar spine, and positive bilateral straight leg raise. MRI of the L/S spine done on February 22, 2014 showed multilevel degenerative changes of the lumbar spine with osteophyte complexes at L3-4 and L4-5 and severe spinal canal narrowing at L3-4. Diagnoses included lumbar degenerative disc disease, spinal stenosis, lumbar radiculopathy, and lumbar facet osteoarthritis. Previous treatment included rhizotomy, medications, physical therapy, and steroid injections. Request for authorization for Subsys spray 200 mcg daily # 30, with 120 refills for was submitted for consideration.

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; 120 REFILLS:00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Subsys (Fentanyl sublingual spray).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Susbsys spray is a sublingual preparation of Fentanyl, an opioid with the potency 80 times that of morphine. Stronger opioids are more likely to produce adverse effects. The use of fentanyl in chronic pain is primarily transdermal. It is used for persistent chronic pain when it cannot be managed by other means. Fentanyl sublingual spray is a formulation of fentanyl, approved by the FDA for management of breakthrough pain in adult cancer patients who are receiving and are tolerant to opioid therapy. Susbsys is subject to abuse, misuse and diversion, and over dosage can be fatal. The risk of adverse effects and dependence outweighs the potential benefit. Furthermore, Susbsys is only FDA approved for the management of breakthrough cancer pain. There is no indication for use in this patient. The request should not be authorized.