

<b>Case Number:</b>	CM14-0054209		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Nevada. 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 records, presented for review, indicate that this 59 year old male was reportedly injured on 6/21/2009. The mechanism of injury was noted as lifting injury. The most recent progress note, dated 3/17/2014, indicated that there were ongoing complaints of mid low back pain radiating into the right buttocks and right thigh. The physical examination demonstrated lumbar spine positive tenderness to palpation of the right sacroiliac joint and positive Faber's test. No recent diagnostic studies are available for review. Previous treatment included previous surgeries, medications, chiropractic care, physical therapy, injections, and acupuncture. A request was made for Subsys (Fentanyl) 400 micrograms per spray and was not certified in the preauthorization process on 4/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subsys (fentanyl) 400mcg/spray daily to allow one refill for the purpose of weaning to discontinue, over a weaning period of 1-2 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support long acting opiates in the management of chronic pain when continuous around the clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is not recommended for musculoskeletal pain. Review of the available medical records, fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request is not considered medically necessary.