

Case Number:	CM14-0187528		
Date Assigned:	11/17/2014	Date of Injury:	06/15/2003
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine 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 72-year-old woman with a date of injury of June 15, 2003. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated October 14, 2014, the injured worker states that she had her dental QME and he was "very supportive of her." The injured worker provided information on the location of pain, average pain levels, worse pain levels, amount of pain relief with medications, activity levels and side effects of medications on a separate handwritten form. That form was not available for review by this reviewer. Objective physical findings revealed the injured worker was in mild distress and was frustrated. The injured worker states that acupuncture have been "excellent" and she was able to skip her daily doses of Subsys and that her Brintellix was poorly tolerated. There was limited range of motion in the bilateral upper extremities at the shoulders. Tenderness notes over muscles of the proximal arm/forearm. Tenderness noted over the proximal/distal lower extremities bilaterally. The injured worker is using a wheelchair for assistance. The provider documents that there is no evidence of aberrant behaviors. The provider reports that it is his impression that the injured worker is benefiting (i.e., pain relief and improved function outweigh the side effects) from opiate therapy. The injured worker has been declared permanent and stationary. Current medications were not documented. The provider is recommending a random urine drug screen, and refill for Subsys 1 spray Q 4 hrs as needed #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 100mcg sublingual, 1 spray every 4-6hrs PRN #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain

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

Decision rationale: Pursuant to the Official Disability Guidelines, Subsys (fentanyl sublingual spray) is not medically necessary. The guidelines state fentanyl sublingual spray is "not recommended for musculoskeletal pain." FDA has approved fentanyl sublingual spray only for breakthrough cancer pain. In this case, the injured worker is a 71-year-old woman with a date of injury June 15, 2003. She was receiving acupuncture and counseling. The injured worker was taking fentanyl sublingual spray and returned to her treating physician for a refill due to the benefits of pain relief and improved function that outweighed side effects. The guidelines, however, state fentanyl sublingual spray is not "recommended to treat musculoskeletal pain and that it is only FDA approved for breakthrough cancer pain." Consequently, absent the appropriate FDA approved indication, fentanyl sublingual spray is not clinically indicated nor is it medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for Subsys is not medically necessary.