

Case Number:	CM14-0197442		
Date Assigned:	12/05/2014	Date of Injury:	11/20/2006
Decision Date:	01/16/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This 46 year old man sustained an industrial injury on 11/20/2006 after stepping into a pot hole and twisting his ankle which caused him to fall and strike his head. Current diagnoses include traumatic herniated nucleus pulposus at C5-C6 and C6-C7, incomplete cervical myelopathy with quadriparesis, spastic bladder with partial urinary incontinence, spastic colon with fecal incontinence, inhibited spacticity, depression related to chronic pain with intermittent suicidal ideation, diabetes, hypertension, chronic asthma, sleep apnea, and chronic pain syndrome. Treatment has included assistive devices and orthotics, physical therapy, occupational therapy, home exercise program, lumbar epidural and facet injections, cognitive behavior therapy consultation, and oral medications. No documentation was found in the progress notes or reviews regarding the indication for ordering the fentanyl with this mode of delivery. On 11/10/2014, Utilization Review evaluated a prescription for subsys fentanyl (sublingual spray) 200ug/spray 1 dose Q4hrs PRN #30. The UR physician stated that the worker's response to the previous morphine and Percocet regimen was not clearly described. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys Fentanyl (sublingual spray) 200ug/spray 1 dose Q4hrs PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation; Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85 and 88-89.

Decision rationale: This 46 year old male has complained of neck pain and low back pain since date of injury 11/20/06. He has been treated with physical therapy, occupational therapy, lumbar epidural steroid injections, lumbar facet injections and medications to include opioids since at least July 2014. The current request is for Subsys Fentanyl (sublingual spray). No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Subsys Fentanyl (sublingual spray) is not indicated as medically necessary.