

Case Number:	CM15-0204076		
Date Assigned:	10/20/2015	Date of Injury:	03/02/2012
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 68 year old female who sustained an industrial injury on 3-2-12. A review of the medical records indicates that the worker is undergoing treatment for other internal derangement of knee other, complex regional pain syndrome type II, chronic pain due to trauma, chronic post-operative pain, and chronic regional pain syndrome. Subjective complaints (8-24-15) include pain in the back and right knee, rated on average 8 out of 10 and at the office visit rated 9 out of 10, difficulty staying asleep due to pain, feeling "blue", and "frustrated because of pain and muscle cramps". It is noted the worker uses a cane. Pain level with medication is reported as 8 out of 10 and without medication 9-10 out of 10, "states she is getting worse" and "was not able to get out of bed this morning". Objective findings (8-24-15) include an antalgic gait and note that the worker continues to remain extremely symptomatic of the right knee, right upper extremity, lower back, and left knee. An allergy to nonsteroidal anti-inflammatory drugs is noted. The treatment plan notes Morphine ER is not working any longer, Gabapentin and Marinol have been denied; therefore the new treatment plan until the stimulator is removed and revised is: rotated from hydromorphone to Opana immediate release 10mg for severe breakthrough pain; continue gabapentin; and case management to assist having Subsys authorized. On 9-21-15, the requested treatment of Subsys 600mcg #120 month was modified to #108-month, no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 600mcg, #120/month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl, Fentora (fentanyl buccal tablet). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Subsys (fentanyl sublingual spray).

Decision rationale: Per the cited CA MTUS guidelines, fentanyl is an opioid analgesic with eighty times the potency of morphine. Weaker opioids are less likely to produce adverse effects, and since fentanyl is a stronger opioid, it is not recommended as a first-line therapy for chronic pain. Although the MTUS does not specifically address Subsys (fentanyl sublingual spray), a similar product in Fentora (fentanyl buccal tablet) is not recommended for musculoskeletal pain. Furthermore, the cited ODG states that Subsys is not recommended for musculoskeletal pain and has only been approved by the FDA for breakthrough cancer pain. According to available treating physician notes through 10-13-15, the injured worker has had chronic pain that has been difficult to manage; however, the pain is not due to a cancer diagnosis. Therefore, based on the available medical information and cited guidelines, Subsys 600mcg #120 month is not medically necessary and appropriate for ongoing pain management.