

<b>Case Number:</b>	CM15-0081598		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: 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 57 year old male who sustained an industrial injury on 04/24/07. Initial complaints and diagnoses are not available. Treatments to date include left leg and hip surgeries, and medications. Diagnostic studies are not addressed. Current complaints include unspecified pain. Current diagnoses include left piriformis muscle spasm, severe chronic pain, opiate pain management, opiate induced constipation, right trochanteric bursitis, and depression. In a progress note dated 03/24/15 the treating provider reports the plan of care as Flector patches, Nucynta IR, Duloxetine, and Baclofen. The requested treatment is Subsys Fentanyl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subsys Fentanyl 200ug sublingual spray #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, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Subsys.

**Decision rationale:** The request is considered not medically necessary. MTUS guidelines do not address treatment with Subsys. Therefore, ODG guidelines were used. According to ODG guidelines, Subsys is not recommended for musculoskeletal pain, but for breakthrough cancer pain. The patient is not being treated for cancer pain. A UDS also showed marijuana and metamphetamine which reflects aberrant drug behavior, one of the four A's of opioid drug monitoring. Therefore, the request is considered not medically necessary.