

Case Number:	CM15-0230597		
Date Assigned:	12/04/2015	Date of Injury:	08/11/2014
Decision Date:	01/11/2016	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old man sustained an industrial injury on 8-11-2014. Diagnoses include neck pain, chronic pain due to trauma, reflex sympathetic dystrophy of the lower limb, and shoulder and upper arm injury. Treatment has included oral and topical medications including Dilaudid, Clonidine patches, Ambien, and Fentanyl patches, TENS unit therapy, physical therapy, epidural steroid injection, and surgical interventions. All of the current medications are reported to be helpful except the Fentanyl patches. Physician notes dated 10-8-2015 show complaints of right shoulder pain with radiation to the arm with tingling and muscle weakness, neck pain with stiffness and headaches, and thoracic spine pain rated 10 out of 10. The physical examination shows L5-S1 facet joint tenderness, positive trigger point over the gluteus maximus and gluteus minimus muscles. Tenderness is noted over the right shoulder girdle musculature.

Recommendations include trigger point injections, epidural steroid injections after headaches are controlled, stop Fentanyl patches, stop Dilaudid, trial Butrans patch, sublingual Subsys for severe pain, taper Ambien than start Gabapentin, Horizant, TENS unit therapy, physical therapy, acupuncture, urine drug screen, and consider psychological evaluation for cognitive behavioral therapy. Utilization Review denied a request for Subsys on 10-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 400 micrograms 120 units over 30 days (1 sublingual spray): 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), Pain Chapter, Subsys.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Subsys (fentanyl sublingual spray) and Other Medical Treatment Guidelines (1) Butrans prescribing information (2) Thomas, K. Doubts Raised About Off-Label Use of Subsys, a Strong Painkiller, New York Times. May 13, 2014.

Decision rationale: The claimant sustained a work injury in August 2014. His injury occurred when he fell on his right shoulder. He underwent right shoulder arthroscopic surgery for debridement, removal of foreign body suture material, and anterior capsulorrhaphy in May 2015. He is being treated for chronic pain including a diagnosis of right upper extremity CRPS. In August 2015, he was hospitalized due to a possible dystonic reaction from Demerol. When seen, he was having neck, thoracic, and radiating right shoulder pain rated at 10/10. Physical examination findings included right shoulder tenderness and lumbar facet tenderness. There were gluteal trigger points. Fentanyl and Dilaudid were discontinued. Butrans and Subsys were prescribed. Subsys is approved only for breakthrough cancer pain. Reportedly, the manufacturer has been aggressively marketing the painkiller to physicians who do not treat cancer patients, and there are related federal fraud charges. Additionally, in this case, Butrans is also being prescribed. Butrans is a partial agonist with a very high affinity for the opioid receptor. Prescribing Butrans with another opioid medication such as Subsys would be expected to decrease the efficacy of the Subsys. Prescribing both is not appropriate. For either reason, the request is not medically necessary.