

Case Number:	CM14-0111507		
Date Assigned:	08/01/2014	Date of Injury:	03/31/1998
Decision Date:	10/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of March 31, 1998. A Utilization Review was performed on July 2, 2014 and recommended non-certification of Abstral 400 mcg #32. A Pain Management Reevaluation dated May 1, 2014 identifies Current Chief Complaints of chronic low back pain with bilateral leg radiculopathy, right leg greater than left. Physical Examination identifies limited AROM in lumbar spine. Diagnoses identify lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, spasm of muscle, and unspecified myalgia and myositis. Treatment Plan identifies Abstral 400 mcg #32.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abstral 400mcg #32: 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 Chapter, Fentanyl

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 44 and 47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Subsys Official FDA Information (<http://www.drugs.com/pro/subsys.html>)

Decision rationale: Regarding the request for Abstral (fentanyl), California MTUS cites that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use when opiates are utilized. They do not specifically address this formulation of fentanyl, but they do specifically recommend against the use of other short-acting formulations of fentanyl for musculoskeletal pain, and Abstral is indicated only in the management of cancer pain per the FDA. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that opioids are improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS) and no documentation regarding side effects. There is no clear rationale presented for the use of this medication for musculoskeletal pain. It should be noted that opiates should not be abruptly stopped; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Abstral is not medically necessary.