

Case Number:	CM14-0144445		
Date Assigned:	09/12/2014	Date of Injury:	06/16/2000
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology; 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:

According to the records made available for review, this is a 63-year-old male with a 6/16/00 date of injury. At the time (8/11/14) of Decision for Subsys (Fentanyl) 400MCG/Spray1 Spray, there is documentation of subjective (low back and left leg pain) and objective (antalgic gait) findings, current diagnoses (lumbago, post laminectomy syndrome of lumbar, and neuropathic pain on left sacral roots), and treatment to date (medications (including ongoing treatment with Subsys since 4/9/14)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys (Fentanyl) 400mcg/Spray 1 Spray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Subsys (fentanyl sublingual spray)

Decision rationale: An online search identifies Subsys spray as a Fentanyl Sublingual Spray. MTUS does not address the issue. ODG identifies that Subsys (fentanyl sublingual spray) is not

recommended for musculoskeletal pain. Therefore, based on guidelines and a review of the evidence, the request for Subsys (Fentanyl) 400mcg/Spray1 Spray is not medically necessary.