

Case Number:	CM14-0157583		
Date Assigned:	09/30/2014	Date of Injury:	01/25/2007
Decision Date:	11/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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 38-year-old male with a 1/25/07 date of injury. At the time (8/21/14) of request for authorization for Subsys 800 mcg, there is documentation of subjective (severe chronic pain with headaches) and objective (tenderness to palpation over the cervical spine with decreased sensation over the ulnar aspect of the left arm/hand, and crepitus with range of motion) findings, current diagnoses (chronic severe neck pain with bilateral arm pain, cervicogenic headaches, myofascial pain/spasm, opioid dependency with tolerance, low back pain, and depression/anxiety), and treatment to date (medications (ongoing therapy with Oxycontin, Methadone, and Celebrex)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 800 mcg: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Subsys (fentanyl sublingual spray)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic, moderate to severe pain in patients who require continuous, around-the-clock opioid therapy that cannot be managed by other means, as criteria necessary to support the medical necessity of fentanyl. Specifically regarding Subsys, 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 800 mcg is not medically necessary.