

Case Number:	CM15-0093008		
Date Assigned:	05/19/2015	Date of Injury:	02/07/2013
Decision Date:	06/22/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/14/2015

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: Texas, California
 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:

This 45 year old male sustained an industrial injury on 2/7/13. He subsequently reported shoulder pain. Diagnoses include impingement syndrome and cervical radiculopathy. Treatments to date include x-ray and MRI testing, physical therapy, surgery, injections and prescription pain medications. The injured worker continues to experience bilateral shoulder pain and back pain that radiates to the lower extremities. Upon examination, range of motion was reduced and tenderness to palpation was noted. A request for Subsys Fentanyl sublingual spray 200 ug SL spray x 30 was made by the treating physician. The patient had received cervical ESI for this injury. The patient's surgical history includes shoulder surgery. The patient has had MRI of the cervical spine that revealed disc bulge. The medication list includes gabapentin, Bupropion, Flexeril and Lidoderm patch. A recent urine drug screen test was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys Fentanyl sublingual spray 200 ug SL spray x 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80Criteria for use of Opioids Therapeutic Trial of OpioidsPage 12Actiq (fentanyl lollipop).

Decision rationale: As per cited guideline, "Actiq (fentanyl lollipop): Not recommended for musculoskeletal pain". According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of norco, was not specified in the records provided As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The request of Subsys Fentanyl sublingual spray 200 ug SL spray x 30 is not medically necessary or established for this patient.