

Case Number:	CM13-0042922		
Date Assigned:	12/27/2013	Date of Injury:	04/27/2005
Decision Date:	09/08/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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:

The patient has chronic low back pain at five out of 10 on the Visual Analogue Pain scale. There is no pain reported in the leg. She was injured April 27, 2005. She had lumbar radiculitis with neurogenic claudication, lumbar degenerative disc disease, lumbar spondylosis without myelopathy and chronic low back pain. She has attended a pain management program. As of October 1, 2013 she still had chronic low back pain at five out of 10. Other medicines included Norco, OxyContin, Ultram, Ativan and Lyrica. This is four opiates medicines now, and a benzodiazepine. Several hand written PR-2 forms were provided that were mostly not legible. There were several [REDACTED] progress notes. The diagnoses again were chronic low back pain, bilateral disorder and adjustment disorder. She had tried pain management counseling, cognitive behavioral therapy, individual pain management and biofeedback targeting her mood symptoms and insomnia. The low back pain continued to be severe. She continued to recover and rehabilitate her shoulder but her low back pain remained severe and unchanged. It is recommended that she continue in the chronic pain program. A Duragesic patch was discontinued as she was not getting any pain relief from it. She was given Subsys spray 600 g 4 sprays daily for pain. It provided good relief during the trial and it helps to control her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBSYS 600MCG 1 Q.I.D FOR PAIN X1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: Per the California MTUS, Subsys is a form of Fentanyl, administered intranasally. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as Fentanyl. The Fentanyl buccal tablet is simply not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Approval has not been obtained for chronic low back pain and chronic neuropathic pain, but approval was not obtained. It is not clear why an intranasal form of this very potent medicine is needed, or how it will interact with the other opiates and medicines. Therefore the request is not medically necessary.