

Case Number:	CM13-0044456		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2011
Decision Date:	04/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 is an employee of [REDACTED] Construction, Inc. and has submitted a claim for postlaminectomy syndrome associated with an industrial injury date of January 22, 2001. Utilization review from October 10, 2013 denied the requests for Subsys due to nonrecommendation for treatment of musculoskeletal pain, Fioricet due to non-recommendation per guidelines, and urine drug screen due to multiple urine drug screens during this year without any discussion of increased risk factors for aberrant behavior in this patient. Treatment to date has included spinal cord stimulator, cervical fusion 2001, lumbar fusion 2002, H-wave, TENS unit, and opioid and non-opioid pain medications. Medical records from 2013 were reviewed showing the patient complaining of persistent low back pain with radiation down to the bilateral legs. The patient is able to perform activities of daily living such as driving and keeping up with housework. Pain medications relieve the pain. Physical exam demonstrated improved cervical paraspinal and trapezius tenderness and spasms. Cervical and lumbar ranges of motion were reduced. Motor strength of the the upper and lower extremities were normal. There was noted decreased sensation to pinprick along the left and right lateral legs and feet. Reflexes were decreased in the bilateral lower extremities. The patient was given Subsys for breakthrough pain in the October 2013 visit. Fioricet was started on August 2013. The patient has been administered a urine drug test in January, April, June, September, and November of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBSYS 400 MG, #120: 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 (Chronic).

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

Decision rationale: The ODG states that Subsys is not recommended for musculoskeletal pain; it is approved for breakthrough cancer pain. In this case, there is no discussion concerning the patient having breakthrough cancer pain; this medication was prescribed in October as a breakthrough pain medication. This medication is not recommended for musculoskeletal pain. Therefore, the request for Subsys is not medically necessary and appropriate.

FIORICET, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs)..

Decision rationale: As stated on page 23 Of the MTUS Chronic Pain Guidelines, barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. There is no clinical evidence concerning the analgesic efficacy of barbiturate-containing analgesics. In this case, the patient has been taking Fioricet since August 2013 and there had been no documentation concerning functional improvements derived from this medication specifically. There is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines. Therefore, the request for Fioricet is not medically necessary.

1 URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: As stated on page 43 of the MTUS Chronic Pain Medical Guidelines, urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, the patient has been on chronic opioids due to chronic neck and back pain. However, the patient has already been administered urine drug screens 5 times with no discussions of a high risk profile for addiction or misuse in this patient. Therefore, the request for a urine drug screen is not medically necessary and appropriate.