

Case Number:	CM13-0071639		
Date Assigned:	01/08/2014	Date of Injury:	12/14/1999
Decision Date:	06/24/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 71-year-old male who reported an injury on 12/14/1999. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/25/2013 reported the injured worker complained of an exacerbation of symptoms with moderate to severe pain. The injured worker reported using a cane held in the left hand to get around. The injured worker reported Norco helped with the pain and controlled it well. The injured worker complained that his right leg was swollen and painful. The injured worker underwent 3 right knee surgeries and 3 cortisone injections to his right knee. The injured worker underwent 18 sessions of active therapy. On the physical examination the provider noted the patient had a right-sided heel antalgic gait. The provider noted the range of motion of the right knee was 0 degrees to 120 degrees. The provider also noted a negative Homan's sign. The provider noted venous status in the right leg greater than the left. The provider requested Subsys 400 mcg-1 sublingual, repeat in 30 minutes if needed. The request for authorization was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBSYS 400MCG-1 SUBLINGUAL, REPEAT IN 30 MINUTES IF NEEDED: Upheld

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

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

Decision rationale: The request for Subsys 400 mcg-1 sublingual, repeat in 30 minutes if needed is not medically necessary. The injured worker complained of moderate to severe pain and described it as excruciating. The injured worker uses a cane to get around and uses the cane in the left hand. The injured worker reported Norco helps with pain control. The injured worker noted his right leg was swollen and painful. The California MTUS Guidelines do not recommend Fentanyl also known as Subsys for musculoskeletal pain. The Guidelines also note Fentanyl is an opioid pain medication currently approved for the treatment of breakthrough pain in certain cancer patients. There is lack of objective findings indicating the efficacy of the requested medication. Additionally, the rationale for the requested medication from the provider was unclear. Therefore, the request for Subsys 400 mcg-1 sublingual, repeat in 30 minutes if needed is not medically necessary.