

<b>Case Number:</b>	CM14-0002081		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology, 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 a 58 year old male who has filed a claim for reflex sympathetic dystrophy of the lower limb associated with an industrial injury date of June 6, 2003. Medical records from 2012-2013 were reviewed showing the patient complaining of chronic left leg pain status post crush injury to the right lower extremity. The patient also experienced low back pain, leg pain, neck pain, left greater than right arm pain, and right foot pain. The patient recently had radiofrequency ablation for the left cervical spine which was noted to provide relief. The low back pain is preventing the patient from performing activities of daily living. Walking causes right foot pain. The patient states that Nucynta is more helpful than Oxycodone. The pain level on average is rated at 5/10. The patient is currently taking fentanyl patches, fentanyl bucal tablets, methadone, and Nucynta. On examination, the patient's active range of motion for the lumbar spine was noted to be limited. Treatment to date has included opioid and non-opioid pain medications, radiofrequency ablation of the cervical spine, cognitive behavioral therapy, right knee surgery, and physical therapy. A utilization review from December 30, 2013 denied the request for Subsys 600 mcg #30/30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUBSYS 600MCG #30/30 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 12

**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, SUBSYS

**Decision rationale:** The ODG states that Subsys is not recommended for musculoskeletal pain, but it is approved for breakthrough cancer pain. In this case, the patient has been using Subsys as far back as March 2013. Recent progress notes document the patient currently being on several opiates including fentanyl patches, Sentinel medical tablets, methadone, and Nucynta. Activities of daily living continued to be limited despite the amount of opioids being used. There have been reports of benefits from Nucynta however, the rest of the opioids were not reevaluated. The patient does not have breakthrough cancer pain and the use of Subsys is not recommended for musculoskeletal pain which is present in this patient. Given the reason stated above, the request for Subsys is not medically necessary.