

Case Number:	CM14-0109689		
Date Assigned:	08/01/2014	Date of Injury:	04/25/1993
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine and is licensed to practice in California, Colorado, North Carolina, and Kentucky. 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 53 year old female, who was injured on 03/23/93 while working, carrying a tray and she slipped and fell backwards hitting her neck, thoracic spine and lumbar spine. Mechanism of injury was undisclosed. Current diagnoses include cervical disc herniation, cervical degenerative disc disease and lumbar degenerative disc disorder. Clinical note dated 06/12/14 indicated the injured worker came for medication refill. The pain level was rated as 8/10. The injured worker indicated that sitting, standing and walking tolerance have improved by 60%. Clinical note dated 07/15/14 indicated the injured worker complains of pain in the neck, arm, lower back and leg. The pain level was rated as 8/10 and has been the same as the last visit. The pain was described as constant, aching, sharp, shooting and dull. Physical examination revealed tenderness over the thoracic paraspinals at the level of T4-T8, with restricted range of motion on extension. There was spasm in the lumbar paravertebral region, tenderness in the right and left lumbar paravertebral regions at L4-L5 and L5-S1 levels, positive back pain on extension, right lateral rotation and left lateral rotation of the lumbar spine, and restricted range of motion of the lumbar spine. On examination of the cervical spine, there was reduced range of motion, positive tenderness in the cervical paravertebral regions bilaterally and at multiple trigger points with jump sign and radiation of pain at the C3-C4, C4-C5 and C5-C6 levels. Spurling's test were positive on the right and left for neck pain as well as radiculopathy. Clinical documentation also indicated the pain medications allow the injured worker to improve her function and continue her activities of daily living including sitting, standing and walking. The injured worker indicated she performs exercises at home, including stretching and walking. Medications include Soma 350mg tab BID, Morphine 30mg tab QID prn for pain, Lidoderm 5% patch, Midrin oral cap QD, and fentanyl 50mcg/hr transdermal patch Q 72 hrs prn. The request for Subsys 800mcg sublingual spray was previously not certified on 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Subsys 800 Mcg Sublingual Spray 1 Does as Directed PRN28 Days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version <Pain(Chronic)>, <Fentanyl>

Decision rationale: Subsys is a fentanyl sublingual spray. As per Official Disability Guidance, fentanyl is not recommended for musculo-skeletal pain due to significant side effects. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Subsys is only indicated in the management of break-through pain in adult cancer patients who are already receiving and tolerant to round-the-clock opioid therapy for their underlying persistent cancer pain. Since the injured worker does not fall in this category, the request for Subsys 800mcg sublingual spray 1 dose prn for 28 days #60 cannot be recommended as medically necessary.