

Case Number:	CM14-0013808		
Date Assigned:	02/26/2014	Date of Injury:	11/14/2001
Decision Date:	08/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

This 58 year old patient has a date of injury of 11/14/2001. The mechanism of injury was not noted. On a physical exam dated 7/24/2013, the patient complains of pain in low back with prolonged activities. There is spasming and tenderness in the paralumbar muscles. Sit to stand is difficult, and standing greater than 5 minutes during exam is difficult. She claims that Subsys helped with severe b/t pain. Diagnostic impression shows an unspecified derangement med meniscus, pain in ankle and foot, and spasm of muscle. Treatment to date includes medication therapy, and behavioral modification. A UR decision on 1/13/2014 denied the request for Xanax .25mg #60, Subsys 200mcg #30, and Baclofen 10mg. Treatment to date: medication therapy, behavioral modification. A UR decision on 1/13/2014 denied the request for Xanax .25mg #60, Subsys 200mcg #30, and Baclofen 10mg. In the reports viewed, no rationale was provided for the denials.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 0.25MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. On a progress note on 1/12/2011, the patient has documentation of Xanax as part of her medication regimen, which far exceeds the recommended use of 4 weeks maximum. Therefore, the request for Xanax .25mg #60 is not medically necessary.

SUBSYS 200MCG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/subsys.html>.

Decision rationale: The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Subsys spray (fentanyl sublingual [under the tongue]) is an opioid pain medication. An opioid is sometimes called a narcotic. Subsys spray is used to treat breakthrough cancer pain. Subsys is taken together with other non-fentanyl narcotic pain medicine that is used around the clock. In the reports viewed, the most current physical exam was on 7/24/2013. At that time, the patient is documented to be Oxycontin 20mg q8h and methadone 5mg q12h. No reports were found since 7/24/2013 that would justify the patient receiving Subsys in addition to the opioid regimen. Furthermore, the patient is not noted to have any type of breakthrough cancer pain. Therefore, the request for Subsys 200mcg is not medically necessary.

BACLOFEN 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the reports viewed, the patient has been on Baclofen as far back

as April 10, 2010. Furthermore, there was no rationale provided to justify the continued use of this medication. Therefore, the request for Baclofen 10mg is not medically necessary.