

Case Number:	CM14-0130082		
Date Assigned:	08/25/2014	Date of Injury:	03/13/2002
Decision Date:	10/28/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 03/13/2002 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's chronic pain was managed with multiple medications and a spinal cord stimulator. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 05/19/2014. It was documented that the injured worker had increased pain with an inability to walk up and down the stairs of his home. Physical findings included tenderness to palpation of the lumbar paraspinal musculature with limited range of motion and a positive straight leg raising test to the left. The injured worker's diagnoses included lumbar radiculopathy. The injured worker's medications include Kadian 100 mg #60, Subsys 60 mg 3 times a day, Neurontin 800 mg, Orphenadrine 100 mg, ducoprine, Prilosec, a metaderm patch, and ketoprofen cream. The injured worker's treatment plan included the use of Sprix spray. The injured worker was again evaluated on 06/16/2014. It was documented that the injured worker had increased pain. It was documented that the injured worker used Subsys for breakthrough pain which allowed for increases in activities of daily living. The injured worker's treatment plan included a home exercise program with daily walking and a refill of medications. A Letter of Appeal dated 06/25/2014 documented that the injured worker was out of Subsys due to nonauthorization. It was documented that the injured worker was unable to complete his daily walks secondary to increased pain levels. An appeal was made for a refill of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 800mcg 120 unit QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system). Decision based on Non-MTUS Citation Official Disability Guidelines web: "pain"-Subsys (fentanyl sublingual spray)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RX List.com, An Internet Drug Index <http://www.rxlist.com/subsys-drug/indications-dosage.htm>

Decision rationale: The requested Subsys 800 mcg, #120 units, 4 times a day, is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and The Official Disability Guidelines do not specifically address this medication. An online resource, Rxklist.com indicates that this medication is strictly recommended for cancer patients. It is noted that opioid nontolerant patients are not appropriate candidates for the use of this medication due to significant life threatening respiratory depression. It is noted that this medication is only FDA-approved for the care of cancer patients. The clinical documentation submitted for review does not provide any evidence that the injured worker is a cancer patient that would the criteria for the use of this medication. The clinical documentation indicates that the injured worker is using this medication for acute exacerbations of chronic pain. This is contraindicative to the patient's health. As such, the requested Subsys 800 mcg, 120 units, 4 times a day, is not medically necessary or appropriate.