

Case Number:	CM14-0139418		
Date Assigned:	09/18/2014	Date of Injury:	08/31/1998
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

54y/o male injured worker with date of injury 8/31/98 with related back pain. Per progress report dated 8/5/14, the injured worker complained of constant pain in the back, described as pins and needles, throbbing, and radiating to the bilateral legs. The pain on average was about 6/10 and was 4/10 at the time of encounter. Without medications the pain was rated 10/10 in intensity. The injured worker used a cane as an assistive device. Physical exam was unremarkable. Treatment to date has included physical therapy, injections, and medication management. The date of UR decision was 8/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 800mcg/spray sublingual spray, 1 vial every 6 hours as needed x 15 days, #90.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: Subsys is a sublingual spray formulation of fentanyl. Per MTUS CPMTG, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are

less likely to produce adverse effects than stronger opioids such as fentanyl. The MTUS is silent on the use of sublingual fentanyl, however, fentanyl buccal tablets are not recommended for musculoskeletal pain, and are currently approved for the treatment of breakthrough pain in certain cancer patients. As the MTUS does not recommend fentanyl for musculoskeletal pain, the request is not medically necessary.

Baclofen 10mg tablet, 1 tablet every 12 hours as needed x 15 days, #30, refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity/Antispasmodics Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which are the conditions for which Baclofen is recommended, the request is not medically necessary.