

Case Number:	CM14-0027269		
Date Assigned:	06/13/2014	Date of Injury:	03/05/2009
Decision Date:	10/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/03/2014

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 Family Medicine and is licensed to practice in Arizona. 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 49 year old female with a date of injury on 3/5/2009. Diagnoses include cervical radiculopathy, multiple level cervical disc lesions, cervicogenic headaches, myofascial pain, and NSAID intolerance due to gastric bypass. Subjective complaints are of chronic severe neck pain with headaches and spasms, with radiation into the arms. Physical exam shows tenderness of the cervical spine with spasm, and decreased range of motion with crepitus. Medications include OxyContin, Neurontin, Nucynta, Fentanyl patch, Subsys, and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The California MTUS Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient,

documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Baclofen 20 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: The California MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. For this patient, submitted documentation does not identify an acute exacerbation or rationale for chronic use of this medication. Therefore, the medical necessity of Baclofen is not established.

Subsys 400 UGM Spray #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Official Disability Guidelines states that transmucosal forms of Fentanyl are not recommended for musculoskeletal pain. Subsys is a transmucosal form of Fentanyl that is an opioid painkiller currently approved only for the treatment of breakthrough pain in certain cancer patients. Therefore, the use of Subsys is not consistent with guideline recommendations, and the medical necessity is not established.