

Case Number:	CM14-0060558		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2003
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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 is a 56-year-old male with an 8/6/03 date of injury. The mechanism of injury happened when injured worker was operating a shaper; a machine with a rapidly spinning blade. As he was working on the shaper, the wood suddenly pulled forward and he sustained traumatic lacerations and crushing injury to his left hand, fingers, and thumb. According to a 6/19/14 progress report, the injured worker rated his pain as 2/10 with medications and 9/10 without medications. He was recently prescribed Butrans Patches. Objective findings: Joint Allodynia and Restricted ROM of Left Shoulder. Diagnostic impression: Neuropathic Pain. The majority of this report was handwritten and illegible. Treatment to date: medication management, activity modification and pain blocks. A UR decision dated 4/8/14 denied the request for Subsys and modified the prescription for Oxycontin from 60 tablets to 30 tablets for weaning purposes. Regarding Subsys, guidelines require documented sustained functional improvement and pain reduction as a result of the opioid use, without significant side effects or evidence of aberrant drug use. Regarding Oxycontin, records provided do not reflect any functional improvements being obtained from the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Subsys 400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Subsys).

Decision rationale: CA MTUS Chronic Pain Medical Treatment 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. According to an online search, Subsys is Fentanyl in the formulation of a sublingual spray. Subsys is intended to be used only in the care of cancer patients and only by Oncologists and Pain Specialists who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain. This patient does not have a diagnosis of cancer. In addition, according to the reports reviewed, there was no documentation of significant pain reduction, improved activities of daily living, or functional improvement. There was no discussion regarding adverse side effects, a pain contract, or CURES monitoring. In addition, urine drug screens dated 1/21/14 and 5/7/14 were inconsistent for Fentanyl use. Therefore, the request for 1 Prescription Subsys 400 mg #90 is not medically necessary.

1 Prescription for Oxycontin 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment 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. In the reports provided for review, there was no documentation of significant pain reduction, improved activities of daily living, or functional improvement. In addition, previous UR decisions have recommended weaning the patient off Oxycontin since at least 2/12/14, if not earlier. There is no documentation that the provider has addressed the issue of weaning. Therefore, the request for 1 Prescription for Oxycontin 60mg #60 is not medically necessary.