

<b>Case Number:</b>	CM14-0060602		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 patient is a 55 year old male employee with date of injury of 11/16/2012. A review of the medical records indicate that the patient is undergoing treatment for brachial neuritis or radiculitis, Cervalgia, displacement of the lumbar intervertebral disc without myelopathy, lumbago, post laminectomy syndrome in the cervical region, and backache. Subjective complaints include intermittent pain in the neck and back. Patient rated pain as 3/10 (12/16/2013), 4/10 (1/13/2014 , 2/10/2014, 3/6/2014) and that pains are somewhat relieved by medications. Exam of cervical spine on 10/3/2013 revealed loss of normal cervical lordosis. Range of motion is restricted. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. MRI performed on 1/17/2013 revealed multilevel cervical spondylosis; disc space narrowing and degeneration most severe at C4-C5 and C5-C6; moderate disc degeneration at C2-C3, C3-C4, and C6-C7. Another MRI performed on 7/16/2013 revealed: degenerative disc disease at multiple levels with annular tears; chronic L5 pars defect without any marrow abnormality; nerve root flattening at L5-S1 due to the listhesis; foraminal narrowing at the other levels but most prominent on the left side at L3-4 and L4-5. Treatment has included Anterior cervical fusion on 3/13/2013, Norco 6/day, Celexa 20mg 4/day, Norco 10/325mg 2/day, Cyclobenzaprine 7.5mg 1-3/week (10/3/2013); six physical therapy sessions (12/16/2013). Sublingual Fentanyl first documented as treatment on 12/16/2013. The utilization review dated 3/27/2014 non-certified the request for Subsys 44 mcg #60 due to lack of specific MTUS opioid usage compliance and lack of documentation of failed usage of first-line pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subsys 44 mcg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers' Compensation), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**Decision rationale:** Subsys is the brand name version of Fentanyl Sublingual Spray. The MTUS states 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 ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The pain ratings that are documented indicate that pain scales have not improved since starting fentanyl. As such, the request for Subsys 44 mcg #60 is not medically necessary at this time.