

Case Number:	CM14-0072174		
Date Assigned:	07/16/2014	Date of Injury:	03/13/2002
Decision Date:	10/07/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 was injured on 03/13/02 when he slipped on a pipe and fell, injuring his low back. Mechanism of injury was not disclosed. Current diagnoses include lumbar radiculopathy, chronic intractable low back pain, lumbosacral degenerative disc disease, lumbago and lumbosacral sprain. Clinical documentation indicated the injured worker had a spinal cord stimulator implanted on 11/02/11, and had spinal cord stimulator battery replacement on 12/05/13. Treatment plan included pain medication, spinal cord stimulator, Lidoderm patch, alternate heat/ice and light stretch for pain flares. Clinical note dated 02/03/14 indicated the injured worker complains of shooting pain down to left leg constantly with any movement. The injured worker also indicated he is unable to walk up and down the stairs in the house, even with the spinal cord stimulator turned all the way up and with pain medication. The injured worker also indicated he uses Norco tab TID but afforded no relief. Physical examination revealed increased tenderness and spasms of the left gluteal and paraspinous muscles. There was decreased range of motion lumbar spine, with extension at 0 degree, flexion at 40 degrees and bilateral bending is at 10 degrees, and rotation at 30 degrees. There was positive straight leg raise on the left. There was decreased deep tendon ankle reflexes in bilateral lower extremities, and decreased sensory to pin-prick along the right and left lateral leg. Clinical documentation dated 03/04/14 indicated the injured worker had x-ray of the knee which showed no abnormalities, and x-ray of the left elbow which revealed nonspecific peri-articular osteopenia. No other abnormalities were noted. Clinical note dated 03/24/14 indicated the injured worker complains of shooting pain down the left leg with any movement. He indicated he was unable to walk up and down the stairs. Clinical documentation indicated reprogramming of the spinal cord stimulator during this visit, but still with inadequate coverage of the lower back. Pain is described as constant, worsened with activity and movement. Physical examination

remains unchanged. Medications include Kadian 80mg, Norco 10/325 mg was resumed, Neurontin 600mg, Orphenadrine 100mg, Mediderm patch, Prilosec 20mg, and Lidoderm patch. The last urine toxicology report was dated 02/24/14. There was no recent urine toxicology report submitted for review. The previous request for Subsys Spray 600mcg, 30 day supply, Qty 120 with no refill was not certified on 04/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys spray 600mcg, 30 day supply; qty 120 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: Subsys is a fentanyl sublingual spray. As per Official Disability Guidance, fentanyl is not recommended for musculo-skeletal pain due to significant side effects. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Subsys is only indicated in the management of break-through pain in adult cancer patients who are already receiving and tolerant to round-the-clock opioid therapy. The injured worker does not fall in this category. In addition, there is no recent clinical documentation submitted for review limiting the ability to assess the patient's current clinical status. As such, the request for Subsys SPR 600mcg 30 day supplies, Qty 120 with 0 refills is not medically necessary.