

Case Number:	CM14-0082001		
Date Assigned:	07/18/2014	Date of Injury:	09/29/1998
Decision Date:	09/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 North Carolina. 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 worker is an 80 year old male who was injured on 9/29/98 while lifting a heavy object. He was later diagnosed with lumbar strain, lumbosacral spondylosis, chronic low back pain with radiculopathy, sacroiliac joint pain, neuropathic pain, tolerance and dependency on analgesics, and constipation due to opioid therapy. He was treated with physical therapy, medications (including opioids), surgery (lumbar fusion), and electrical stimulation implant. On 4/28/14 the worker was seen by his pain specialist reporting pain in his lower back rated at 7/10 and functional level rated at 8/10 on scale of 0-10 with his medication use. The worker reported having a hernia, which was to be addressed by his surgeon. He also reported pain interrupting his sleep. He reported using many medications, but of the opioids, he was taking MS Contin 60 mg twice daily, oxycodone 20 mg four times daily, and Subsys 600 mcg spray once daily. He was then recommended to continue all of his medications including all of his opioid medications at their current doses. He was also recommended to continue his exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 600 mg QD #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. In the case of this worker who has been using opioids chronically, he has reached up to 300 morphine equivalent doses per day on days he uses all of his prescribed opioids, which is far beyond the recommended amounts. Although, the worker seems to be functioning with this high amount of medication, it is still not appropriate. Weaning should be initiated. The request was for a 30 day supply (without refills) of Subsys for the purpose of weaning down on the dose by 10-20% each week over the next few months. Considering abruptly stopping this medication could be dangerous, continuation without refills is acceptable, and the 30 sprays of 600 mcg Subsys with one refill is not medically necessary.