

Case Number:	CM14-0089267		
Date Assigned:	07/23/2014	Date of Injury:	11/16/2012
Decision Date:	12/30/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/13/2014

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:

Injured worker is a male with date of injury 11/16/2012. Per visit note dated 5/1/2014, the injured worker complains of numbness and tingling in his hands and feet. He rates his pain as 4/10. He still has pain on a continuous basis, but they are alleviated somewhat by current meds. The level of function and quality of life has stayed the same. He is complaining of headaches at the base of the skull. Examination of the cervical spine reveals straightening of the spine with loss of normal cervical lordosis and he has an anterior right incision over the neck. Range of motion is restricted with flexion limited to 55 degrees, extension limited to 70 degrees, right lateral bending limited to 3 degrees, left lateral bending limited to 30 degrees, lateral rotation to the left limited to 75 degrees, and lateral rotation to the right limited to 70 degrees. Neck movements are painful with extension beyond 55 degrees. Paravertebral muscles are normal. Spurling's maneuver causes radicular symptoms into the right arm. No spinal process tenderness is noted. Adson's test is negative. Hoffman sign is present on the right and negative on the left. Motor examination is normal. Reflexes of upper and lower extremities are normal. He has pain and areas of trigger along the suboccipital muscles bilateral along the nuchal ridge. Diagnoses include 1) backache 2) brachial neuritis or radiculitis 3) postlaminectomy syndrome of cervical region 4) lumbar disc displacement without myelopathy 5) lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 400mg #60: 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) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl section Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Subsys section

Decision rationale: The MTUS Guidelines do not address the use of Subsys, but other oral forms of fentanyl are not recommended for treating musculoskeletal pain. The ODG does not recommend the use of Subsys for the use of musculoskeletal pain. Subsys is FDA approved only for breakthrough cancer pain, which is characterized by sudden, unpredictable episodes of intense pain which can peak in severity at three to five minutes despite background pain medication. The injured worker is not described as having such episodes of intense pain. The request for Subsys 400mg #60 is determined to not be medically necessary.