

Case Number:	CM14-0136355		
Date Assigned:	09/05/2014	Date of Injury:	12/17/2004
Decision Date:	01/23/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine Rehab, 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 54-year-old male who reported an injury on 12/17/2004. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of TMJ dysfunction, degenerative disc disease of the lumbar spine, facet joint syndrome of the lumbar spine, lower back pain, lumbar radiculitis/radiculopathy, muscle spasms, myositis, and knee pain. Past medical treatment consists of pain management program, trigeminal nerve blocks, epidural steroid injections, lumbar facet injections, spinal cord stimulator trial, and medication therapy. Medications consist of Norco, fentanyl, Subsys, Opana ER, Fentora, Celebrex, Cymbalta. On 02/27/2014, the injured worker underwent a urinalysis which indicated that the injured worker was within compliance with prescription medications. On 08/04/2014, the injured worker complained of lumbar back pain. It was noted on physical examination that he was tender to palpation over the bilateral lumbar paraspinal musculature. Right dorsiflexion; knee extension/flexion were 4/5 to 4+/5, 5/5 motor on left lower extremity, and extension/flexion. There was decreased sensation to light touch on the right distal lateral lower extremity, decreased sensation equally and b/l to anterior thighs, otherwise intact and equal bilaterally. Dermatomes L4 to S1 reflexes were normal. Medical treatment plan is for the injured worker to continue with medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain (updated 7/10/14), Subsys

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Subsys oral spray (fentanyl)ongoing managementopioid dosing Page(s): 44, 78.

Decision rationale: The request for Subsys 600mg is not medically necessary. The California MTUS Guidelines indicate that fentanyl (Subsys oral spray) is not recommended as a first line therapy. The FDA approved product labeling states that fentanyl (Subsys) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, evidence that the patient is being monitored for aberrant drug behavior and side effects. Documentation did not indicate that the injured worker had objective improvement in function. Additionally, the efficacy of the medication was not submitted for review. A urine drug screen, obtained on 02/27/2014, indicated that the injured worker was compliant with prescription medication. However, there were no assessments indicating what levels were before, during, and after medication administration. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request for Subsys 600 mg is not medically necessary.