

Case Number:	CM14-0162341		
Date Assigned:	10/07/2014	Date of Injury:	11/21/1983
Decision Date:	01/21/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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:

The applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 21, 1983. In a Utilization Review Report dated September 24, 2014, the claims administrator partially approved a request for Subsys. Non-MTUS Official Disability Guidelines (ODG) were invoked. The claims administrator stated that the applicant had issues with neoplastic pain associated with Hodgkin's disease but suggested that a partial approval for Subsys was more appropriate than the quantity initially proposed by the attending provider. The applicant did have a history of cervical spine surgery, it was stated. The claims administrator stated that its decision was based on a September 17, 2014 RFA form and several 2013 progress notes. On April 16, 2014, the applicant reported ongoing complaints of neck pain status post five cervical spine surgeries. The applicant was using Exalgo for pain relief, Lyrica as an adjuvant medication, and tizanidine for antispasmodic effect. The applicant was also receiving and employing Subsys for breakthrough pain. The applicant was on Prilosec and Ambien. The applicant did not have a car, was under financial constraints, was apparently depressed but resistant to receiving any psychological support, and was asked to consider a spinal cord stimulator. On May 27, 2014, the applicant was described as having persistent neck pain complaints and was, furthermore, opioid dependent. The applicant stated that he was improved during warm weather. The applicant had received genetic testing. The applicant was using Subsys, Ambien, Prilosec, Exalgo, Lyrica, and tizanidine, it was stated. The applicant apparently had financial issues and transportation issues, noting that his car had recently broken down. The applicant's work status was not clearly outlined, although the applicant did not appear to be working. The applicant was also using oxycodone for breakthrough pain, it was acknowledged. On April 28, 2014, the applicant's medical-legal evaluator noted that the applicant had chronic neck pain complaints, ranging from 7-10/10. The applicant did have superimposed issues with

diabetes and hypertension, it was acknowledged. The applicant was using Exalgo, Lyrica, oxycodone, Ambien, Prilosec, and Subsys. The applicant did, however, complain that several prescriptions for Subsys had been denied by the claims administrator. The medical-legal evaluator acknowledged that usage of Subsys did represent off-label usage for chronic neck pain here but stated that he would nevertheless endorse the same. The medical-legal evaluator did endorse the imposition of permanent work restrictions. It was acknowledged that the applicant had "not been able to work" and that the applicant was "decreased in his ability to function." On September 29, 2014, the applicant reported ongoing complaints of chronic neck pain. Help with household cleaning chores was sought. The applicant was apparently using Exalgo, Subsys, Lyrica, and Ambien, among other things. The applicant's complete medication list was not, however, provided. There was no explicit discussion of medication efficacy. On September 17, 2014, the applicant's primary treating physician (PTP) noted that he agreed with the recommendations of the medical-legal evaluator to continue Subsys.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 1600mcg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids; Opioids, Ongoing Management Page(s): 80; 78. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Subsys Medication Guide

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. The applicant, per his treating provider and medical-legal evaluator, has noted a significant decrement in his ability to function, despite ongoing Subsys usage. The applicant was described as having difficulty performing activities of daily living as basic as household chores and housekeeping activities on an office visit of September 29, 2014, including activities as basic as cleaning his home. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Subsys usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids be employed to improve pain and function. In this case, the attending provider has not outlined a compelling case for provision of two separate short-acting opioid agents, namely Subsys and oxycodone, coupled with a long-acting opioid agent, Exalgo. All of the foregoing, taken together, did not make a compelling case for continuation of Subsys, particularly in light of the fact that Subsys, per the FDA, is indicated only in the management of underlying, persistent cancer pain. In this case, the applicant's primary pain generator is, in fact, chronic neck pain status post multiple cervical spine surgeries as opposed to pain from a neoplastic source. Therefore, the request is not medically necessary.

