

<b>Case Number:</b>	CM15-0108436		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/13/2000
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44 year old male who sustained an industrial injury on 10/13/2000. Treatment provided to date has included: physical therapy, surgeries, psychological/psychiatric evaluations/therapy, medications, and conservative therapies/care. Diagnostic tests performed include: x-rays and MRIs. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/28/2015, physician progress report noted complaints of low back pain. Pain is rated as 6/10 (0-10) with frequent increases to 9/10 and described as worsened due to an exacerbation 2 weeks earlier. Additional complaints include knee pain and spasms. It was reported that the current medications help with relieving pain symptoms and are tolerated well, and that there were no signs of side effects or developing medication dependency. Current medications include Tegaderm patches, medical marijuana, Cialis, Subsys spray (fentanyl sublingual spray), Voltaren gel, Duragesic patches, Robaxin, Effexor, Klonopin, Buspar, and Valium. The injured worker had also been approved for and received a vehicle to accommodate a wheelchair scooter, ramps for home access with wheelchair, and a protective helmet. The physical exam revealed an antalgic gait; tenderness, hypertonicity and spasms to the cervical paravertebral, upper trapezius, levator scapulae, rhomboids and occipital muscles with trigger point responses; tenderness to the cervical spinal process on C4-C7; positive crossover and Empty cans test to the right shoulder; tenderness to palpation of the acromioclavicular joint, biceps groove and greater tubercle of the humerus in the right shoulder; positive Tinel's test and tenderness to palpation over the volar crease of the right wrist; decreased temperature with normal capillary refill in the right hand; evidence of iliotibial tract contracture associated with

trochanteric bursitis or snapping hip syndrome in the bilateral hips; and tenderness to palpation over the inferior-lateral patella, lateral and medial joint lines, and quadriceps tendon of the right knee. The provider noted diagnoses of lumbar spine strain/sprain, musculoligamentous strain/sprain in the lumbar spine, right wrist strain/sprain, right wrist repetitive motion disorder, adjustment disorder with mixed anxiety and depression mood, chronic pain due to trauma, right Guyon's Cananl syndrome, internal derangement of the right knee, herniated protruding disc/unspecified, and sacroiliac ligament strain/sprain. Plan of care includes continued medications and follow-up. The injured worker's work status remained temporarily totally disabled. Requested treatments include transportation to and from physician's office and Subsys spray.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Transportation to/from physician's office:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & leg, transportation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) transportation.

**Decision rationale:** The ODG recommends medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. In this case there is not a clear indication of need for transport given prior authorization for a car that facilitates use of a wheelchair. Therefore, based on the provided documents and guidelines, additional transportation is not medically necessary or appropriate in this case.

**Subsys spray 400mcg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Subsys (fentanyl sublingual spray).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding

improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably denied the request based on the fact that fentanyl is not recommended in this case. Given the chronic risk of continued treatment, the request for Subsys spray is not medically necessary as use in this case is not congruent with the recommended use of the this medication.