

Case Number:	CM15-0161892		
Date Assigned:	08/27/2015	Date of Injury:	06/02/2010
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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: California
 Certification(s)/Specialty: Emergency 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 60 year old female, who sustained an industrial injury on 6-2-2010. The mechanism of injury is unknown. The injured worker was diagnosed as having a posterior lumbar interbody fusion in 2011, chronic pain syndrome, lumbosacral spondylosis without myelopathy, post laminectomy syndrome and thoracic-lumbosacral radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included lumbar surgery, lumbar epidural steroid injection, lumbar facet radiofrequency ablation, and physical therapy and medication management. In a progress note dated 6-30-2015, the injured worker complains of low back pain rated 7-8 out of 10. Physical examination showed decreased lumbar range of motion. The treating physician is requesting Percocet 10-325mg #180 and Subsys 100 mcg #120 units. Utilization Review dated 7/31/15 notes a discussion with treating physician concerning plan. UR documents plan in weaning percocet and morphine and wanted an addition of Fentanyl/subsys to aid in weaning. Decision was not to add on Subsys but slow wean of current opioids in addition with adjuvant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Percocet is acetaminophen and Oxycodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation shows no objective benefit with this medication. Patient continues to have severe pain and poor functional status on opioid therapy. Documentation by UR states that there is plan in weaning opioids. This prescription is not consistent with plan for weaning and the lack of efficacy does not support continued opioid therapy. Percocet is not medically necessary.

Subsys 100mcg #120 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/202788s0001bl.pdf.

Decision rationale: Subsys is a very potent opioid that can be given sublingually. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. As per FDA labeling, Subsys is only approved for patients with cancer who are chronically on opioids with breakthrough pain. It is not appropriate or recommended in a plan to wean patient off from other opioids. The amount of Subsys written for would lead to patient taking more Morphine Equivalent Dose (MED) per day than prior to "weaning". Subsys is not an appropriate medication and is not medically necessary.