MAXIMUS Federal Services

Case Number:	CM15-0219333		
Date Assigned:	11/12/2015	Date of Injury:	10/25/2010
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/07/2015

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: Texas, New York, California
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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck, knee, and low back pain reportedly associated with an industrial injury of October 25, 2010. In a Utilization Review report dated November 2, 2015, the claims administrator failed to approve requests for Subsys and extended-release morphine. An October 28, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said October 28, 2015, office visit, somewhat blurred as a result of repetitive photocopying and faxing, the applicant reported ongoing issues with neck pain, low back pain, and carpal tunnel syndrome. The applicant was apparently given rather proscriptive 10-pound lifting limitation, which, the treating provider acknowledged, had effectively resulted in the applicant's remaining out of the workforce, as the applicant's employer was unable to accommodate previously suggested limitations. The applicant was asked to continue extended release morphine, Subsys, fenoprofen, Prilosec, Neurontin, tizanidine, and Lunesta. The applicant was asked to obtain psychotherapy for severe depression. The applicant was using a walker to move about, the treating provider reported. The applicant was some 18 days removed from a right hip replacement surgery, the treating provider reported. 7/10 pain complaints were noted. The note was very difficult to follow as it mingled historical issues with current issues to some extent. The applicant was receiving treatment for his knees and hips outside of the Workers' Compensation system, the treating provider reported, and was receiving treatment for his neck and back through the Work Comp system, the treating provider reported. The applicant's medication list, in another section of the note, reportedly included Norco, Mediderm cream, Neurontin, Soma, hydrochlorothiazide, Zocor, metformin, Duragesic, and temazepam, the treating provider reported. The treating provider stated that the applicant's medications were beneficial but did not elaborate further, noting that the applicant was having difficulty performing standing and walking tasks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys Spray 100 mcg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Subsys® (fentanyl sublingual spray).

Decision rationale: No, the request for Subsys spray is not medically necessary, medically appropriate, or indicated here. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the applicant was described as using 2 separate short-acting opioid agents, Norco and Subsys, on the October 28, 2015 office visit at issue. The treating provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate short-acting opioids here. ODG's Chronic Pain Chapter Subsys topic also notes that Subsys or fentanyl sublingual spray is not recommended in the treatment of musculoskeletal pain, as was seemingly present here on or around the date in question. Therefore, the request is not medically necessary.

Mser (Morphine Sulfate Extended Release) 60 mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for extended-release morphine (MSER), a long-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate long-acting opioids, extended-release morphine, and Duragesic, both of which the claimant was prescribed as using on the October 28, 2015 office visit at issue. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the treating provider reported on October 28, 2015. The applicant was having difficulty performing activities of daily living as basic as lifting, pushing, standing, and walking, the treating provider reported on that date. The applicant was using a walker to move about, the treating provider reported. All of the foregoing, taken together, argued against the applicant's having profited from ongoing opioid usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.