

Case Number:	CM14-0094273		
Date Assigned:	07/25/2014	Date of Injury:	11/12/2008
Decision Date:	10/08/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This injured worker is a female with a date of injury of November 12, 2008. A utilization review determination dated May 23, 2014 recommends non-certification of Methadone 5 mg, 30-day supply, quantity of 90, and Subsys spray 200 mcg, 30-day supply, quantity of 30. A progress note dated March 6, 2014 identifies that the Subsys trial worked well; not taking Diazepam 10 mg has made the patient irritable and is causing poor sleep; and Nucynta, Oxycodone, and Methadone are working well for her pain. Her average pain level since last visit has been a 9/10, mood since last visit has been 9/10, and functional level since last visit has been 8/10. The patient complained of poor sleep quality due to pain, and she is not using a sleep aid. Physical examination identifies ongoing pain in the patient's left foot that swells up, radiating pain to the left back, complaints of ongoing baseline left ankle/foot pain secondary to CRPS (complex regional pain syndrome) I/II, ongoing allodynia with color changes, and the patient presents barefoot. Diagnoses include reflex sympathetic dystrophy of the lower limb, pain in joints of ankle and foot, myalgia and myositis, and spasm of muscle. The treatment plan includes recommendations for refills of the following medications: Neurontin 600 mg #90, Phentermine 37.5 mg #30, MentanX #60, Zanaflex 4 mg #60, Lidoderm patch #30, Senokot-S #100, neuropathic cream #1, Oxycodone 10 mg #120, Baclofen 10 mg #60, Nucynta ER 150 mg #60, and Subsys 200 mcg #30, with an increase of Cymbalta to 60 mg #60, an increase of Neurontin to 600 mg #90, and an increase of Methadone to 5 mg #60. The treatment plan also recommends regular home exercise/physical therapy, repeat urine drug screen, continue at-home weight loss in conjunction with [REDACTED], request AME report when available, and consider IT therapy if refractory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tab 5mg, 30-day, quantity: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: Regarding the request for Methadone 5mg, 30-day supply, quantity of 90, the Chronic Pain Medical Treatment Guidelines state Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, there is no documentation identifying that Methadone is being prescribed as a second-line drug and the potential benefit outweighs the risk. Additionally, there is no indication that the Methadone is improving the patient's function or pain (in terms of percent reduction in pain or reduced numerical rating scale). In the absence of such documentation, the currently requested Methadone 5mg, 30-day supply, quantity of 90 is not medically necessary.

Subsys spray 200mcg, 30-day supply, quantity: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 44 and 47. Decision based on Non-MTUS Citation Subsys Official FDA Information (<http://www.drugs.com/pro/subsys.html>)

Decision rationale: Regarding the request for Subsys (Fentanyl) 200mcg, 30-day supply, quantity of 30, the California MTUS indicates that, due to high abuse potential, close follow-up is recommended, with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use when opiates are utilized. They do not specifically address this formulation of Fentanyl, but they do specifically recommend against the use of other short-acting formulations of Fentanyl for musculoskeletal pain. Also, Subsys is indicated only in the management of cancer pain, according to the FDA. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that opioids are improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). There is no clear rationale presented for the use of this medication for musculoskeletal pain, and the patient does not have a diagnosis of cancer. In light of the above issues, the currently requested Subsys (Fentanyl) 200mcg, 30-day supply, quantity of 30, is not medically necessary.