

Case Number:	CM14-0212209		
Date Assigned:	01/02/2015	Date of Injury:	11/21/1983
Decision Date:	02/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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 Family Practice, 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:

60 yr. old male claimant sustained a cumulative work injury from 11/21/83-1/15/83 involving the neck. He was diagnosed with cervical radiculopathy and had undergone 5 cervical spine surgeries. He had been opioid dependent and had been given Oxycodone, Tizanidine and Subsys by his pain physician for several months. A progress note on 11/5/14 indicated the claimant had been on Exalgo and Subsys for pain. He had been compliant with medications and has undergone urine drug screens. The medications had provided him with 40-50% relief with spasms. The claimant was aware of off label use. A Physical medicine physician, Dr. [REDACTED], had agreed with his treatment as well. The claimant did not want to use an intrathecal pump or dorsal column stimulator. The physician requested the claimant remain on the Subsys.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 1600 mcg, 1 does Q 4hrs, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl
Page(s): 47.

Decision rationale: Subsys is Fentanyl. According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Oxycodone and Hydromorphone - other long and short acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. Continued use of Subsys is not medically necessary.