

Case Number:	CM15-0113860		
Date Assigned:	06/22/2015	Date of Injury:	04/03/2012
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on April 3, 2012. Treatment to date has included home exercise program, physical therapy, chiropractic therapy, transforaminal epidural injection, NSAIDS and muscle relaxants. Currently, the injured worker reports improvement of low back pain with radiation of pain to the left thigh. An epidural steroid injection provided relief for two weeks with a subsequent return to baseline pain. His low back pain radiates to the bilateral groin and hips. On physical examination the injured worker has an antalgic gait and has positive signs of bilateral leg radiculopathy. He has decreased range of motion of the lumbar spine and decreased motor strength of the lower extremities. The diagnoses associated with the request include lumbar spondylosis and lumbago. The treatment plan includes Subsys 100mg -300 mg, Fentanyl patch, Neurontin and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 200mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Subsys.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, fentanyl, opioids Page(s): 44, 47, 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Subsys.

Decision rationale: The request is considered not medically necessary. According to MTUS, fentanyl is a strong opioid, eighty times more potent than morphine. Subsys sublingual spray is not recommended for musculoskeletal pain and is only approved for breakthrough cancer pain which the patient was not documented to have. He was supposed to discontinue the Subsys. The 4 As of monitoring opioids were not met with objective evidence of improvement in pain, aberrant behavior monitoring with the use of urine drug screens, and a drug contract. Therefore, the request is considered not medically necessary.

Subsys 100mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Subsys.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, fentanyl, opioids Page(s): 44, 47, 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Subsys.

Decision rationale: The request is considered not medically necessary. According to MTUS, fentanyl is a strong opioid, eighty times more potent than morphine. Subsys sublingual spray is not recommended for musculoskeletal pain and is only approved for breakthrough cancer pain which the patient was not documented to have. He was supposed to discontinue the Subsys. The 4 As of monitoring opioids were not met with objective evidence of improvement in pain, aberrant behavior monitoring with the use of urine drug screens, and a drug contract. Therefore, the request is considered not medically necessary.