

Case Number:	CM15-0077916		
Date Assigned:	04/29/2015	Date of Injury:	07/26/1998
Decision Date:	05/28/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	04/23/2015

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 64-year-old who has filed a claim for chronic neck, arm, upper back, and low back pain reportedly associated with an industrial injury of July 22, 1998. In a Utilization Review report dated April 18, 2015, the claims administrator failed to approve requests for BuTrans patches, Subsys (fentanyl) sublingual spray, and four sessions of acupuncture. The claims administrator referenced an April 7, 2015 progress note in its determination. The claims administrator framed the request as an extension request for acupuncture, noting that the applicant had had earlier unspecified amounts of acupuncture. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing complaints of neck, low back, and wrist pain with derivative complaints of depression and anxiety. The applicant reported pain complaints as highly variable as 6-9/10. The applicant was using oxycodone, tramadol, Norco, Neurontin, and Cymbalta; it was reported in some sections of the note. The attending provider stated that the applicant's pain complaints were significantly incapacitating, suggesting that the applicant was not working. The applicant was asked to employ Subsys for severe breakthrough pain. The attending provider stated that the applicant was able to do some volunteering at a rate of hours a week as a result of ongoing medication consumption. The applicant was asked to continue previously prescribed medications. In another section of the note, it was stated that the applicant's ability to perform activities of daily living remained constrained secondary to pain. The attending provider stated that the applicant's pain complaints were in the disabling range.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Butrans patch 20ug/hr #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Functional Restoration Approach to Chronic Pain Management Page(s): 26; 7.

Decision rationale: No, the request for BuTrans patches was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (BuTrans) is indicated in the treatment of opioid addiction and as an option for applicants with chronic pain after previously having been detoxified off of opioids, in this case, however, it did not appear that the applicant was in fact using buprenorphine or BuTrans for the purposes of weaning or tapering off of opioids. The applicant was, in fact using a variety of other opioids on or around the April 7, 2015 progress note at issue, including Norco, oxycodone, tramadol, and Subsys. It is further noted that the attending provider's progress note of April 7, 2015 did not explicitly allude to the need for introduction of buprenorphine (BuTrans) and that BuTrans (buprenorphine) was endorsed via an RFA form of April 7, 2015 without any supporting documentation or narrative commentary. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should base his choice of pharmacotherapy on the type of pain to be treated and/or pain mechanism involved. Here, the attending provider did not, in short, furnish any rationale for introduction, selection, and/or ongoing usage of buprenorphine (BuTrans). Therefore, the request was not medically necessary.

1 prescription of Subsys Fentanyl sublingual spray 200ug #120 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Subsys (fentanyl sublingual spray) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78. Decision based on Non-MTUS Citation U.S. Food and Drug Administration INDICATIONS AND USAGE SUBSYS.

Decision rationale: Similarly, the request for Subsys (fentanyl spray) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not furnish a clear, compelling, or cogent applicant-specific rationale for concurrent usage of four different short-acting opioids, namely oxycodone, tramadol, Norco, and Subsys sublingual spray. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same. The Food and Drug Administration (FDA) notes, however, that Subsys is indicated in the management of breakthrough pain in cancer applicants 18 years of age or older who are already receiving around-the-clock opioid therapy. Here, however, the applicant did not carry a diagnosis of cancer-associated pain for which

Subsys could have been considered. Usage of Subsys for the musculoskeletal pain complaints present here, thus, in effect, amounted to usage of Subsys for non-FDA endorsed purposes. The attending provider failed to furnish any compelling rationale or medical evidence which would support such usage. Therefore, the request was not medically necessary.

4 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for four sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question does represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, in this case, however, there was no such demonstration of functional improvement as defined in Section 9792.20e. The applicant seemingly remained off of work. The applicant's pain complaints remained disabling, the treating provider reported on April 7, 2015. The applicant remained dependent on a variety of opioid agents, including tramadol, Subsys, oxycodone, Norco, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in Section 9792.20e, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.