

Case Number:	CM14-0140848		
Date Assigned:	09/10/2014	Date of Injury:	11/14/2001
Decision Date:	10/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/01/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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:

The injured worker is a 59 year old female injured on November 14, 2001. After a thorough review of the medical records, the mechanism of injury was not evident. Clinical note by pain management physician, dated August 26, 2014, indicate the injured worker continues with complaints of low back and knee pain. The injured worker states the current medication regimen is working well for her. Physical exam reveals back pain is worse while standing sitting with c/o on going back pain to right side, worse on standing, consistent with spondylosis. The leg pain is decreased since TFE. Axial low back pain consistent with facet disease. There are complaints of bilateral knee pain. Knees are tender and complaints if pain on active range of motion. Diagnoses include chronic bilateral lower extremity pain, chronic back and leg pain, bilateral knee pain; status post bilateral knee replacements, osteoarthritis, and hip pain. Prescription medications include Oxycontin 30mg every 12 hours as needed, Percocet 10/325 every four hours as needed, Baclofen 20mg four times daily, Cymbalta 60mg twice daily, meloxicam 15mg once daily, Neurontin 800 mg four times daily, Subsys 200mcg spray once daily as needed, Voltaren 1% gel, and Zanaflex 4mg at bedtime as needed. MRI of the lumbar spine dated, August 6, 2013, revealed mild-moderate central canal stenosis and minimal bilateral neural foraminal stenosis at the L4-5 level secondary to disc protrusion. Facet hypertrophic changes, ligamentum flavum hypertrophy and short pedicles contribute to stenosis; Mild central canal stenosis secondary to disc protrusion at L3-4. Facet hypertrophy and short pedicles contribute to stenosis. Disc protrusion at L2-3 resulting in minimal central canal stenosis. Disc bulge at L5-S1 without central canal or neural foraminal stenosis. Multilevel minimal to mild facet hypertrophy was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 200 mcg/#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, Subsys fentanyl sublingual spray

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Subsys

Decision rationale: Subsys is a spray fentanyl delivery system approved for use on cancer pain. FDA approval is for use for breakthrough cancer pain. There is no medical literature to support its use for chronic musculoskeletal pain. There is no rationale for the use of Subsys documented in the records, therefore its prescription is not recommended as medically necessary.

Baclofen 20 mg qid #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Baclofen Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxant,

Decision rationale: The claimant has chronic low back pain for which multiple medications have been prescribed. One of these is baclofen, a muscle relaxant medication. This class of medication is generally recommended for short term use during the acute phase of care. CAMTUS regarding baclofen, states; its use as a muscle relaxant, that this medication is intended for those with Spinal cord injuries or muscle spasms. The office note of 9/24/14 does not document any spasms to warrant its use. Therefore, the request is not medically necessary.