

<b>Case Number:</b>	CM13-0007434		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/13/2005
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 physician 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 patient is a 36 year old woman who sustained a work related injury on July 13 2005. According to the note of December 11 2013, she subsequently developed chronic back and lower extremities pain that did not respond to conservatives therapies. Physical examination showed pain her right leg. She was diagnosed with RSD. She was treated with Cymbalta, Methadone, Marinol, Actiq, Subsys and neural stimulator without good response. The provider requested authorization for the medications mentioned below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subsys 400mcg #30:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, "Fentora® (fentanyl buccal tablet) Not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the FDA for approval to market the drug for patients with other pain conditions

such as chronic low back pain and chronic neuropathic pain, but approval was not obtained." Subsys 400mcg is not recommended by the MTUS Chronic Pain Guidelines for chronic use for pain management. Furthermore, there is no documentation of Subsys 400mcg efficacy during its previous use. Therefore, the request for Subsys 400mcg #30 is not medically necessary and appropriate.

**Nucynta 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate specific rules for the ongoing use of Opioids, including "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In the medical records provided for review, there is no clear documentation of continuous patient improvement in level of function, quality of life, or adequate follow up for absence of side effects and aberrant behavior. The provider is requesting long term prescription of Nucynta without a clear plan to monitor the 4 domains mentioned above. Therefore, the request for Nucynta 100mg #90 is not medically necessary and appropriate.

**Marinol 2.5mg #60:** 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 Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 27.

**Decision rationale:** Marinol is a synthetic form of cannabis. The MTUS Chronic Pain Guidelines do not recommend Cannabinoids. In this case, there is no clear documentation of continuous patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior from previous use. There is a documentation of failure of previous use of the drug. The provider is requesting long term prescription of Marinol without a clear plan to monitor its efficacy. The drug is indicated for chemotherapy induced nausea and AIDS related weight loss. Therefore, the request for Marinol 2.5 mg #60 is not medically necessary and appropriate.

**Actiq 600mcg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Actiq  
Page(s): 13.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Actiq<sup>®</sup> (fentanyl lollipop) is "a fast acting highly potent "lollipop" painkiller produced by Cephalon...indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Actiq is not for use in chronic pain; and it has a Black Box warning for abuse potential." In this case the patient does not suffer pain from a cancer. In addition the medication is not indicated for chronic use. Therefore, the request for Actiq 600mcg #30 is not medically necessary and appropriate.