

Case Number:	CM13-0033258		
Date Assigned:	12/06/2013	Date of Injury:	08/07/2003
Decision Date:	02/11/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 66-year-old male who reported an injury on 08/07/2003 after falling from a 4 foot ladder while performing normal duties. The patient has a complicated medical history to include significant issues with ambulation and balance, cardiac issues, and surgical intervention to repair a broken arm related to a fall. The patient's chronic pain was managed with medications, physical therapy, and a home exercise program. The patient's medications included a fentanyl troche, Kadian 50 mg twice a day, and Opana IR 10 mg 5 tablets daily. The patient's most recent clinical examination revealed the patient's ambulation was assisted with a wheelchair, and the patient had limited spine mobility. The patient's diagnoses included lumbago. The patient's treatment plan included tapering off the patient's Opana and transitioning the patient to MS Contin, continued use of fentanyl troches, and the addition of acupuncture to the patient's home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Troche 500 mcg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq[®] (fentanyl lollipop), Page(s): 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq[®] (fentanyl lollipop), Page(s): 12.

Decision rationale: The requested fentanyl troche 500 mcg #120 is not medically necessary or appropriate. The Medical Treatment Utilization Schedule does not support the use of Actiq or fentanyl lollipops for the use of chronic pain. The California Medical Treatment Utilization Schedule states, "Not recommended for musculoskeletal pain...is 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 underlying persistent cancer pain. Actiq is not for use in chronic pain; and it has a black box warning for abuse potential." Although the documentation submitted for review does provide evidence that the employee is receiving approximately 40% pain relief as a result of medication usage and is using fentanyl troches appropriately, this medication is not supported by guideline recommendations. Therefore, discontinuation would be indicated. As such, the requested fentanyl troche 500 mcg is not medically necessary or appropriate.