

Case Number:	CM13-0055884		
Date Assigned:	12/30/2013	Date of Injury:	07/20/1999
Decision Date:	05/15/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 who reported an injury on 10/27/1997. The mechanism of injury was not provided. Current diagnoses include status post anterior cervical discectomy and fusion, severe intractable headaches, bilateral upper extremity radicular pain, low back pain, anxiety and depression. The injured worker was evaluated on 12/02/2013. The injured worker underwent a cervical epidural steroid injection on 11/07/2013 with 50% improvement. The injured worker reported significant improvement in neck pain, upper extremity radicular symptoms, and headaches following the cervical epidural steroid injection. Current medications include Actiq 800 mcg. Physical examination revealed minimal cervical paraspinous tenderness, no acute muscle spasm, negative compression testing, and weakness in the right biceps. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY SUPPLY OF FENTANYL OT LOZ 800MCG, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq® Page(s): 12.

Decision rationale: The California MTUS Guidelines state Actiq is not recommended for musculoskeletal pain. Actiq is not for use in chronic pain and has a black box warning for abuse potential. Therefore, the current request cannot be determined as medically appropriate. It is additionally noted, the injured worker has utilized this medication since 06/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. Based on the clinical information received, the request for 30 day supply of Fentanyl OT LOZ 800mcg, QTY 30 is non-certified.