

Case Number:	CM13-0055885		
Date Assigned:	04/25/2014	Date of Injury:	07/20/1999
Decision Date:	05/23/2014	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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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. The injured worker ultimately underwent fusion at the C6 and C7 levels. The injured worker's post-surgical treatment history included medication, activity modifications, physical therapy, and epidural steroid injections. The injured worker was evaluated on 12/02/2013. The injured worker reported significant improvement in neck pain, upper extremity radicular symptoms, and headaches following the cervical epidural steroid injection. The 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. The injured worker's diagnosis included severe intractable headaches, bilateral upper extremity radicular pain, low back pain, and anxiety and depression secondary to chronic pain. The 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:

FENTANYL OT LOZ 800MCG QTY: 30.00 WITH 0 REFILLS: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that Actiq (oral transmucosal fentanyl citrate) 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 05/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore the appropriateness of the request itself cannot be determined. Based on the clinical information received, the request for 30 day supply of Fentanyl OT LOZ 800mcg, QTY 30 with 0 refills, is not medically necessary or appropriate.