

<b>Case Number:</b>	CM13-0059290		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/24/1995
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, has a subspecialty in Acupuncture and Pain Medicine 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 patient is a 62 year old male injured worker with date of injury 2/24/95 with related chronic pain syndrome of the right lower extremity, ankle, and foot. Per 11/04/13 progress report, the injured worker reported his pain being rated at 6/10. He has been prescribed both Fentanyl patches and Actiq since 2009, as well as benzodiazepines (Clonazepam) since 2009. Imaging studies are not included in the documentation provided for review. He was refractory to TENS treatment and physical therapy. He has been treated with medication management. The date of UR decision was 11/19/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL 75MCG #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91, & 93.

**Decision rationale:** Per California MTUS Chronic Pain Medical Treatment Guidelines, Fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. It is not recommended as a first-line

therapy. Per California MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of Fentanyl patches nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The California MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Urinalysis dated 9/26/13 was consistent for the use of this medication; however, Clonazepam was prescribed but not detected. There is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. The request is not medically necessary.

**FENTANYL LOLLIPOP 450MCG:** Upheld

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

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

**Decision rationale:** With regard to fentanyl lollipop, MTUS states: "Not recommended for musculoskeletal pain. Actiq (oral transmucosal fentanyl citrate), a fastacting highly potent "lollipop" painkiller produced by Cephalon, 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 their underlying persistent cancer pain. Actiq is not for use in chronic pain; and it has a Black Box warning for abuse potential." As the treatment is not recommended by the California MTUS, the request is not medically necessary.