MAXIMUS Federal Services

Case Number:	CM14-0012186		
Date Assigned:	02/21/2014	Date of Injury:	11/23/1998
Decision Date:	08/07/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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:

This 60-year-old patient had a date of injury on 11/23/1998. The mechanism of injury was.not noted. In a progress report dated 12/27/2013, the patients pain level remained the same and no new problems or side effects were reported. The patient reported severe headache, and that she was unable to function without her medications. Physical examination revealed that the patient appeared to be anxious, tearful, and in mild to moderate pain. Drug screen on 9/13/2013 showed consistency with patients medication regimen. The diagnostic impression showed spinal/lumbar degenerative disc disease, low back pain, post lumbar laminectomy syndrome, depression with anxiety. The treatment to date include medication therapy and behavioral modification. A utilization review decision on 1/6/2014 denied the request for Actiq. The rationale provided was that California MTUS states that Actiq is not recommended for musculoskeletal pain and is only indicated 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 has black box warning for abuse. There is no documented functional improvement from its previous usage. Imitrex tablets and spray were both denied based on the Official Disability Guidelines (ODG) that this medication is used to treat migraine cephalgia. Zanaflex was denied without providing a reason for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actiq 1200mcg lozenge #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (fentanyl lollipop).

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines states that Actiq (oral transmucosal fentanyl citrate), a fast- acting 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. However, this patient is also noted to be on Duragesic/Fentanyl patches at 100mcg/hour as well as Norco. This patient is on an excessive amount of opiates, which puts the patient at increased risk of respiratory depression and overdose. It is unclear why Actiq was added on to this patient's medication regimen, given the clear guidelines that it is recommended for use in breakthrough pain for cancer patients, and is not indicated for chronic pain. It also has a Black Box warning for high abuse potential, and there is no clear documentation of lack of aberrant behavior, urine drug screens, Controlled Substance Utilization Review & Evaluation System (CURES) monitoring, an opiate pain contract, or that the high abuse potential warning has been addressed with the patient. Therefore, the request for Actiq 1200mcg lozenge #30 is not medically necessary.

Imitrex 100mg tablet #18: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/imitrex.html.

Decision rationale: The CA MTUS and Official Disability Guidelines (ODG) do not address this issue. The Food and Drug Administration (FDA) states that Imitrex is used to treat migraine headaches. Imitrex will only treat a headache that has already begun. It will not prevent headaches or reduce the number of attacks. In a progress report on 12/27/2013, the patient claims that with the use of this medication, she does not have headache for several days. She complained of left sided front headaches behind the left eye. Therefore, the request for Imitrex 100mg tablet #18 is medically necessary.

Imitrex 20mg nasal spray #6g: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:http://www.drugs.com/imitrex.html.

Decision rationale: The CA MTUS and Official Disability Guidelines (ODG) do not address this issue. Imitrex is used to treat migraine headaches. Imitrex will only treat a headache that has already begun. It will not prevent headaches or reduce the number of attacks. On a progress report dated 12/27/2013, the patient claims she uses the nasal spray when the nausea from the migraine is too much that she cannot take the Imitrex tablets. She states that with the help of the tablet and the spray, she does not have headache for several days. Furthermore, the patient is noted to being tapered to Imitrex nasal spray #6 down from #12/month. Therefore, the request for Imitrex 20 mg Nasal Spray #6g is medically necessary.

Zanaflex 4mg capsule #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been on Zanaflex long-term, and guidelines only support the short-term use of muscle relaxants. There is no documentation of an acute exacerbation of the patient's chronic pain. Therefore, the request for Zanaflex 4mg capsule #60 is not medically necessary.