

<b>Case Number:</b>	CM14-0013363		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/12/2003
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and sacroiliac joint pain reportedly associated with an industrial injury of September 12, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; earlier lumbar spine surgery; subsequent removal of hardware in July 2013; and opioid therapy. In a Utilization Review Report dated January 16, 2014, the claims administrator approved request for Lyrica, a topical compounded cream, and Protonix while denying a request for Actiq. Despite the fact that several ingredients in the topical compound were not recommended, the claims administrator nevertheless approved the same. The claim's administrator's rationale for denying Actiq was very sparse and comprised entirely of the cited guideline. The applicant's attorney subsequently appealed. In a July 10, 2013 progress note, the applicant was described as using Exalgo and Namenda for pain relief. It is stated that the applicant needed to use Actiq lollipops for breakthrough pain. The applicant was given prescriptions for a variety of medications, including Actiq, Namenda, Cidaflex, Lyrica, Soma, Xanax, Ambien, Medrox, Cialis, Benadryl, Motrin, Prevacid, FlurFlex, Norco, and Colace. The applicant was not working and reported pain ranging from 9-10/10 with and without medications, respectively. On May 16, 2013, the applicant was described as having received the Actiq lollipops in question and was started on Subutex. The applicant was reportedly having issues with opioid withdrawal at that point, it was stated. It appears that prescriptions were subsequently renewed at various points without provision of associated progress notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACTIQ 1600 MCG EVERY 4-6 HOURS AS NEEDED, #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ACTIQ (FENTANYL LOLLIPOP), 12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Actiq topic, Opioids, Ongoing Management topic. When to Continue Opioids topic. Page(s): 12, 78.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, Actiq is not recommended for musculoskeletal pain, as is present here. Rather, Actiq is recommended only in the management of breakthrough cancer pain in applicants with malignancies. In this case, no compelling, rationale, narrative, or commentary was attached to the request for authorization so as to offset the unfavorable Chronic Pain Medical Treatment Guidelines recommendation. It is further noted that the Chronic Pain Medical Treatment Guidelines suggests that applicants use the lowest dosage of opioids possible to improve pain and function. In this case, it is not clearly stated why the applicant needs to use so many different opioids, including Duragesic, Exalgo, Actiq, Norco, etc. It is further noted that the applicant does not appear to have achieved any lasting benefit or functional improvement through ongoing opioid therapy. Specifically, the applicant has failed to meet criteria set forth on the Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant has failed to return to work. The applicant's pain complaints are seemingly unimproved despite ongoing opioid usage. The applicant reports 9/10 pain without medications and 10/10 pain with medications, a marginal benefit at best, and one which is outweighed by the applicant's reported failure to improve in terms of performance of activities of daily living despite ongoing opioid usage. The request for Actiq 1600 mcg, 180 count, is not medically necessary or appropriate.