

Case Number:	CM14-0127874		
Date Assigned:	08/15/2014	Date of Injury:	07/30/1993
Decision Date:	09/11/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine and Pain Medicine and Manipulation 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 55 year-old female who sustained an injury on 7/30/93 and is followed for pain management for the following diagnoses: CRPS, lumbar post laminectomy syndrome, limb pain and genetic testing narcotic. UR on 8/6/14 denied Actiq and approved Dolophine at a dosage not to exceed 120 MED. The prior peer reviewer noted that the current MED is 660mg, which exceeds the MTUS guidelines recommendation not to exceed 120 MED. The guidelines for Actiq were pointed out noting Actiq is indicated only for the management of breakthrough pain in cancer patients. The patient was seen on 8/13/14 for medication refills. It is noted that workers' compensation is denying Actiq, Provigil and Wellbutrin. Her pain is rated 6/10. She has paresthesias and numbness of the left leg and is unable to weight bear on the left without a walking boot. Dolophine 10 mg, #150, 30 day supply and Actiq 600 mcg, 30 days, #150 were refilled. The patient is pending a psyche clearance for SCS. An 8/14/14 note states the patient is upset about having her Actiq denied and she is trying to taper herself off. She is worried about having to use more Morphine because it makes her loopy. She needs to be able to function. She has had good success with Actiq and she has maintained her ability to function on a daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actiq (undisclosed quantity): Overturned

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); Opioids Page(s): 12; 74-96.

Decision rationale: References state that Actiq is not for use in chronic pain and is indicated for cancer patients. However, while the use of this medication is not supported, the medical records indicate that the patient is on significantly high levels of opioids for her CRPS and is pending a psyche evaluation and eventual SCS. At such high opioid levels, sudden cessation of opioids is not supported. The patient has to undergo slow weaning of her opioids. For this reason, the request for Actiq is medically necessary.