

<b>Case Number:</b>	CM14-0021720		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	07/01/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old female was reportedly injured on July 1, 1997. The most recent progress note, dated January 15, 2014, indicates that there were ongoing complaints of low back pain radiating to the right lower extremity. Her pain is rated at a 7/10, and improves with medications, exercise, and lying down. The physical examination demonstrated an alert and oriented patient in no apparent distress, with normal strength in bilateral lower extremities, with positive straight leg raise test on the right. Diagnostic imaging studies were not included for review. Previous treatment includes L5 - S1 fusion, multiple medications, and exercise. A request had been made for Actiq 400 mcg, four times daily as needed, #120, and was not certified in the pre-authorization process on February 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Actiq 400MCQ #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93.

**Decision rationale:** MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request is not considered medically necessary.