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| <b>Case Number:</b>   | CM14-0058603 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 03/27/1994 |
| <b>Decision Date:</b> | 09/05/2014   | <b>UR Denial Date:</b>       | 04/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2014 |

### 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 is a 51-year-old male with a 3/27/94 date of injury, when he jumped out of the truck and landed on the ground hurting his lower extremities and lower back. The patient was seen on 5/19/14 with complaints of severe pain in the lower back radiating to both lower extremities. The patient stated that in the afternoons his pain gets extremely difficult for him to tolerate and that he uses Fentanyl and oral Lozenge that help him better than other medications. Without these medications he would have to go to the Emergency Room. The intensity of the patient's pain was 7/10. Exam findings revealed antalgic gait with limp. The patient had sharp, shooting pain on the right side of the body while sitting. The patient was approved to attend the Spine Center however they needed the patient's new MRI. The patient has been using: Soma 350mg, Librium 25mg, Trazodone 150mg, Lyrica 150mg, Norco 10mg, Oxycontin 80 mg, Actiq 400 mg, Zantac 160mg and Catapres. The risks associated with opioids use were discussed with the patient and he agreed to get random urine, blood and saliva testing for the compliance. The diagnosis is chronic intractable low back pain, failed back syndrome, depression and anxiety. Treatment to date: multiple medications. An adverse determination was received on 4/17/14 and the determination letter was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Actiq 400mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 12.

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

**Decision rationale:** 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. The medical records indicated that the patient suffered from chronic intractable lower back pain, which interfered with the patient's activities of daily living (ADLs). However, it is noted that the patient is in a lot of pain, the CA MTUS Guidelines recommend Actiq only for the pain management due to malignancy. The Guidelines clearly state that Actiq should not be used in chronic pain. There is a lack of documentation indicating, that the patient's pain was due to malignancy. In addition, the patient has been taking different opioid medications and his daily Morphine Equivalent Dose (MED) exceeded over 10 times the recommended limit 120, putting him at high risk for adverse drug reactions. In addition, the request is for an indefinite amount of Actiq, and opiate use should be frequently monitored for dose adjustments. Therefore, the request for Actiq 400mg, #30 is not medically necessary.