MAXIMUS Federal Services

Case Number:	CM14-0070308		
Date Assigned:	07/14/2014	Date of Injury:	10/22/1986
Decision Date:	09/10/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old female with a work injury dated10/22/86. The diagnoses include degenerated disc disease, pelvic pain; cervical myofascial pain syndrome; lumbosacral sprain; thoracic sprain; failed back surgery; lumbar radiculopathy; coccygeal pain; sacroiliac joint dysfunction. Under consideration is a request for Actiq 800mcg lollipop QTY: 90. There is a primary treating physician report dated 3/7/14 that states that the patient reports increased pain in the lower back secondary to in-home physical therapy. Patient states she was receiving significant relief from aquatic therapy and would like to continue. Her cervical exam revealed bilateral paracervical tenderness and spasms. There are bilateral parathoracic tenderness and spasms. There is decreased sensation in the T10, T11, T12 dermatomes bilaterally. There is a healed lumbar fusion incision, much less flexed forward at the waist. There is mild bilateral lumbar paraspinal tenderness and suprapubic tenderness. There is a positive bilateral Fabere and positive left leg straight leg raise. The strength is decreased left upper extremity and decreased right lower extremity. The reflexes in the arms and legs are 2/4 except the ankle reflexes are. The documentation indicates that the patient has been using Actiq dating back to at least 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACTIQ 800mcg lollipop QTY: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Actiq 800mcg lollipop QTY: 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Actiq is not recommended for musculoskeletal pain. It 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 documentation does not indicate that the patient has cancer related pain and therefore the request for Actiq 800mcg lollipop QTY: 90 is not medically necessary.