

Case Number:	CM14-0084835		
Date Assigned:	07/30/2014	Date of Injury:	10/29/1999
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 56-year-old female with a reported date of injury of 10/29/1999. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post L5-S1 fusion with L2-3 scoliosis, left lateral displacement L1 on L2 with multilevel degenerative spondylosis and bilateral lower extremities radiculopathy, status post rotator cuff repair and elbow repair, status post right total hip arthroplasty and partial knee replacement with possible dysfunction and right hip replacement. The progress note dated 06/27/2014 revealed the injured worker was utilizing Butrans patch 50 mcg per hour every week and was no longer requiring Actiq because of this. The injured worker reported the medication reduced her pain by more than 50% and allowed her to performed basic activities of daily living. The physical examination revealed the injured worker had strength rated 5/5 bilaterally in iliopsoas, quadriceps, and toe flexors; 5/5 right and 4/5 left tibialis anterior with decreased sensation in the approximate left L5 distribution. The request for authorization form dated 01/29/2014 was for Actiq 200 mcg 4 times a day for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actiq 200 Mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 44,47.

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

Decision rationale: The request for Actiq 200 mcg is non-certified. The injured worker has been utilizing this medication since 01/2014. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Actiq for musculoskeletal pain. Actiq, a fast-acting highly potent lollipop painkiller, is indicated only for the management of breakthrough cancer pain in patients with malignancies or 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 guidelines do not recommend Actiq for chronic pain; it is only indicated for cancer patients with malignancies who are tolerant to opioid therapy. Additionally, the most recent progress note indicated the injured worker was no longer utilizing Actiq and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.