

<b>Case Number:</b>	CM14-0186002		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/30/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Internal 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 employee was a 63 year old female who sustained an industrial injury on 05/30/11 when she was thrown against a wall by a resident in a lockdown unit. Her history was significant for cervical fusion twice, epidural steroid injection, TENS unit. The progress note from 09/23/14 was reviewed. She had low back pain radiating into left lower extremity and neck pain in bilateral upper extremities at 9/10. Her pain was increased by everything and decreased by nothing. She noted that Fentanyl 75mcg/hr was too strong and returned to 50mcg/hr. She had been using Actiq 1-2 per day and it helped with her activities of daily living. Pertinent objective findings included tenderness to palpation over lumbar paraspinal area, decreased range of motion of all plane and left lumbar radicular signs. The request was for Fentanyl patch 50mcg/hr, Actiq 600mcg daily and trial of Abstral 400mcg 1-2 SL daily. Urine drug screen was done as part of patient compliance. She was given IM Dilaudid 1mg and Toradol 30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 50mcg/hr, #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation ODG, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management Page(s): 77-80.

**Decision rationale:** The employee was a 63 year old female who sustained an industrial injury on 05/30/11 when she was thrown against a wall by a resident in a lockdown unit. Her history was significant for cervical fusion twice, epidural steroid injection, TENS unit. The progress note from 09/23/14 was reviewed. She had low back pain radiating into left lower extremity and neck pain in bilateral upper extremities at 9/10. Her pain was increased by everything and decreased by nothing. She noted that Fentanyl 75mcg/hr was too strong and returned to 50mcg/hr. She had been using Actiq 1-2 per day and it helped with her activities of daily living. Pertinent objective findings included tenderness to palpation over lumbar paraspinous area, decreased range of motion of all plane and left lumbar radicular signs. The request was for Fentanyl patch 50mcg/hr, Actiq 600mcg daily and trial of Abstral 400mcg 1-2 SL daily. Urine drug screen was done as part of patient compliance. She was given IM Dilaudid 1mg and Toradol 30mg. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for cervical and lumbar radiculopathy with Fentanyl. There was no documentation of how the medication improved the pain level or functional status. Most recent progress note noted that she her pain was increased by everything and was decreased by nothing. Given the lack of clear documentation on functional improvement and improvement of pain, the criteria for continued use of Fentanyl patch has not been met.

**Actiq 600mcg daily #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Actiq Page(s): 121.

**Decision rationale:** The employee was a 63 year old female who sustained an industrial injury on 05/30/11 when she was thrown against a wall by a resident in a lockdown unit. Her history was significant for cervical fusion twice, epidural steroid injection, TENS unit. The progress note from 09/23/14 was reviewed. She had low back pain radiating into left lower extremity and neck pain in bilateral upper extremities at 9/10. Her pain was increased by everything and decreased by nothing. She noted that Fentanyl 75mcg/hr was too strong and returned to 50mcg/hr. She had been using Actiq 1-2 per day and it helped with her activities of daily living. Pertinent objective findings included tenderness to palpation over lumbar paraspinous area, decreased range of motion of all plane and left lumbar radicular signs. The request was for Fentanyl patch 50mcg/hr, Actiq 600mcg daily and trial of Abstral 400mcg 1-2 SL daily. Urine drug screen was done as part of patient compliance. She was given IM Dilaudid 1mg and Toradol 30mg. According to MTUS, Chronic Pain Medical Treatment guidelines, Actiq is not recommended for musculoskeletal pain. It is a fast acting highly potent 'lollipop' painkiller produced by Cephalon and 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. Employee had chronic pain due to musculoskeletal conditions and hence the request for Actiq does not meet the guideline criteria for continued use.

**Trial: Abstral 400mcg daily 1-2 SL daily #32:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.abstral.com/sites/default/files/ABSTRAL-Full-PI.pdf>.

**Decision rationale:** The employee was a 63 year old female who sustained an industrial injury on 05/30/11 when she was thrown against a wall by a resident in a lockdown unit. Her history was significant for cervical fusion twice, epidural steroid injection, TENS unit. The progress note from 09/23/14 was reviewed. She had low back pain radiating into left lower extremity and neck pain in bilateral upper extremities at 9/10. Her pain was increased by everything and decreased by nothing. She noted that Fentanyl 75mcg/hr was too strong and returned to 50mcg/hr. She had been using Actiq 1-2 per day and it helped with her activities of daily living. Pertinent objective findings included tenderness to palpation over lumbar paraspinous area, decreased range of motion of all plane and left lumbar radicular signs. The request was for Fentanyl patch 50mcg/hr, Actiq 600mcg daily and trial of Abstral 400mcg 1-2 SL daily. Urine drug screen was done as part of patient compliance. She was given IM Dilaudid 1mg and Toradol 30mg. Abstral is sublingual fentanyl tablets indicated for the management of breakthrough pain in cancer patients who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. The employee had no cancer related pain and hence the request for Abstral is not medically necessary or appropriate.