

<b>Case Number:</b>	CM15-0205965		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/25/1999
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 46 year old male, who sustained an industrial injury on 08-25-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for thoracic or lumbar radiculitis or neuritis, lumbar or lumbosacral degenerative disc disease, and lumbosacral spondylosis. Medical records (03-19-2015 to 09-02-2015) indicate ongoing shoulder, knee and low back pain. Pain levels were rated 7-10 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. The IW's work status was not specified, but he was reported as "not disabled". The physical exam, dated 09-02-2015, revealed decreased range of motion in all planes of the lumbar-thoracic spine, tenderness to palpation over the lumbar paraspinous area, and bilateral trigger points. Relevant treatments have included: physical therapy (PT), injections, work restrictions, and pain medications (Actiq which was first prescribed 06-24-2015). Other current medications included Nucynta IR, Nucynta ER, Zanaflex, Neurontin, and Lidoderm patches. A urine toxicology screening (07-2015) showed inconsistent drug findings in the IW's system. The request for authorization (09-08-2015) shows that the following medication was requested: Actiq 800mg #60. The original utilization review (10-06-2015) non-certified the request for Actiq 800mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Actiq 800 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Actiq (fentanyl lollipop).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Actiq (fentanyl lollipop).

**Decision rationale:** The injured worker sustained a work related injury on 08-25-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for thoracic or lumbar radiculitis or neuritis, lumbar or lumbosacral degenerative disc disease, and lumbosacral spondylosis. Medical records (03-19-2015 to 09-02-2015) indicate ongoing shoulder, knee and low back pain. Treatments have included physical therapy (PT), injections, work restrictions, and pain medications (Actiq which was first prescribed 06-24-2015). Other current medications included Nucynta IR, Nucynta ER, Zanaflex, Neurontin, and Lidoderm patches. The medical records provided for review do not indicate a medical necessity for Actiq 800 MG #60. Actiq is an opioid also called (fentanyl lollipop). The MTUS does not recommend actiq for musculoskeletal pain. The MTUS states, 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 do not indicate the injured worker is being treated for cancer.