MAXIMUS Federal Services

Case Number:	CM15-0214726		
Date Assigned:	11/04/2015	Date of Injury:	04/25/2000
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/02/2015

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: California
Certification(s)/Specialty: Emergency 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 48 year old female who sustained an industrial injury on 4-25-2000. A review of medical records indicates the injured worker is being treated for lateral epicondylitis of elbow, brachial neuritis or radiculitis not otherwise specified, chronic fatigue syndrome, radial styloid tenosynovitis, and unspecified myalgia and myositis. Medical records dated 9-10-2015 noted pain in the bilateral hands wrists, elbow, shoulders, and neck rated 8 out of 10. Pain was worse since the prior visit. Physical examination noted full active range of motion of the cervical spine. There was sublexation to the right ulnar nerve at cubital tunnel with repetitive flex and extension of the elbow. Treatment has included Fentanyl pops since at least 2-12-2015. Utilization review form dated 10-9-2015 noncertified Fentanyl pops 1000mcg #67.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl pops 1000mcg #67: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Actiq (fentanyl lollipop), Opioids, dosing, Weaning of Medications.

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

Decision rationale: As per MTUS Chronic pain guidelines, fentanyl lollipops are not recommended for musculoskeletal pain. Actiq is 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. This patient never ever met any indication for the use of this medication. Provider has continued to prescribed this dangerous and highly potent opioid alongside norco. Current combination of opioids has a high risk for overdose, abuse and death. Not medically necessary.