

<b>Case Number:</b>	CM15-0223679		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	04/15/1994
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This is a 62-year-old male with a date of injury on 4-15-94. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain. Progress report dated 9-9-15 reports continued complaints of lower back pain rated 3 out of 10 with medications and 8 out of 10 without medications. Physical exam: alert, well nourished, well developed, healthy appearing and in no acute distress. Treatments include: medication and physical therapy. Request for authorization dated 10-7-15 was made for 1 Evaluation, 3 Actiq 400 mcg lozenge on a handle, 1 lozenge buccal every 6 hours, Qty: 120, refills: not specified, Morphine ER 120 mg capsule extended release 24 hour multiphase, 2 capsules by mouth daily, Qty: 60, refills: not specified. Utilization review dated 11-3-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Pursuant to the ACOEM, one evaluation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are low back pain; other intervertebral disc degeneration lumbosacral. Date of injury is April 15, 1994. Request for authorization is October 27, 2015. According to a progress note dated April 17, 2015 the worker has ongoing low back pain. The injured worker needs spinal surgery, but oral surgery needs to be performed prior to any surgical seizure. Medications include Actiq 400ug one lozenge every 5 to 6 hours, not to exceed four per day #120, Avinza 120 mg and Avinza 30 mg. According to an October 7, 2015 team management provider progress note, the worker has ongoing severe low back pain. The injured worker is pending and oral surgical evaluation with x-rays. Pain score is 6/10. Medications include Actiq 400ug one lozenge every 5 to 6 hours, not to exceed four per day #120, Avinza 120 mg and Avinza 30 mg (unchanged). Objectively, there is tenderness over the lateral lumbar area, paraspinal muscles and lumbar facet joints. There are no focal neurologic deficits. There is no documentation demonstrating objective functional improvement to support ongoing Actiq. There is no clinical rationale for the Actiq preparation. There is no cancer or cancer related pain documented in the medical record. The morphine equivalent dose (MED) without Actiq is 270. Normal is 120. Documentation indicates the spinal surgery is not indicated until the oral surgical work is performed. It is well established in the medical record that dental work needs to be performed and completed prior to any surgical procedure. There is no clinical rationale for an evaluation until the dental work is performed. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one evaluation is not medically necessary.

**3 Actiq 400mcg lozenge on a handle, 1 lozenge buccal every 6 hours, Qty: 120, refills: not specified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Actiq (fentanyl lollipop). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Actiq (Fentanyl lollipop) and Other Medical Treatment Guidelines <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a605043.html>.

**Decision rationale:** Pursuant to Medline plus, 3 Actiq 400mcg lozenge on a handle, one lozenge buccal every six hours, #120, refills not specified is not medically necessary. Fentanyl is used to treat breakthrough pain (sudden episodes of pain that occur despite round the clock

treatment with pain medication) in cancer patients at least 18 years of age (or at least 16 years of age if taking Actiq brand lozenges) who are taking regularly scheduled doses of another narcotic (opiate) pain medication, and who are tolerant (used to the effects of the medication) to narcotic pain medications. Fentanyl is in a class of medications called narcotic (opiate) analgesics. It works by changing the way the brain and nervous system respond to pain. Fentanyl comes as a lozenge on a handle (Actiq), a sublingual (underneath the tongue) tablet (Abstral), a film (Onsolis), and a buccal (between the gum and cheek) tablet (Fentora) to dissolve in the mouth. Fentanyl is used as needed to treat breakthrough pain, but not more often than four times a day. In this case, the injured worker's working diagnoses are low back pain; other intervertebral disc degeneration lumbosacral. Date of injury is April 15, 1994. Request for authorization is October 27, 2015. According to a progress note dated April 17, 2015 the worker has ongoing low back pain. The injured worker needs spinal surgery, but oral surgery needs to be performed prior to any surgical seizure. Medications include Aqtic 400ug one lozenge every 5 to 6 hours, not to exceed four per day #120, Avinza 120 mg and Avinza 30 mg. According to an October 7, 2015 team management provider progress note, the worker has ongoing severe low back pain. The injured worker is pending and oral surgical evaluation with x-rays. Pain score is 6/10. Medications include Aqtic 400ug one lozenge every 5 to 6 hours, not to exceed four per day #120, Avinza 120 mg and Avinza 30 mg (unchanged). Objectively, there is tenderness over the lateral lumbar area, paraspinal muscles and lumbar facet joints. There are no focal neurologic deficits. There is no documentation demonstrating objective functional improvement to support ongoing Aqtic. There is no clinical rationale for the Actiq preparation. There is no cancer or cancer related pain documented in the medical record. The morphine equivalent dose (MED) without Actiq is 270. Normal is 120. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical rationale for the Actiq (Fentanyl) preparation, and MED of 270 (normal up to 120) not including the buccal preparation of Fentanyl, no documentation demonstrating objective functional improvement and no documentation indicating an attempt to wean, 3 Aqtic 400mcg lozenge on a handle, one lozenge buccal every six hours, #120, refills not specified is not medically necessary.

**Morphine ER 120mg capsule extended release 24 hour multiphase, 2 capsules by mouth daily, Qty: 60, refills: not specified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, morphine ER 120 mg capsule extended-release, 24 hour multiphase, two capsules by mouth daily, #60, refills not specified is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose

should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are low back pain; other intervertebral disc degeneration lumbosacral. Date of injury is April 15, 1994. Request for authorization is October 27, 2015. According to a progress note dated April 17, 2015 the worker has ongoing low back pain. The injured worker needs spinal surgery, but oral surgery needs to be performed prior to any surgical seizure. Medications include Aqtic 400ug one lozenge every 5 to 6 hours, not to exceed four per day #120, Avinza 120 mg and Avinza 30 mg. According to an October 7, 2015 team management provider progress note, the worker has ongoing severe low back pain. The injured worker is pending and oral surgical evaluation with x-rays. Pain score is 6/10. Medications include Aqtic 400ug one lozenge every 5 to 6 hours, not to exceed four per day #120, Avinza 120 mg and Avinza 30 mg (unchanged). Objectively, there is tenderness over the lateral lumbar area, paraspinal muscles and lumbar facet joints. There are no focal neurologic deficits. There is no documentation demonstrating objective functional improvement to support ongoing Aqtic. There is no clinical rationale for the Actiq preparation. There is no cancer or cancer related pain documented in the medical record. The morphine equivalent dose (MED) without Actiq is 270. Normal is 120. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and elevated MED 270, no documentation demonstrating objective functional improvement and no documentation showing an attempt at weaning morphine sulfate ER, morphine ER 120 mg capsule extended-release, 24 hour multiphase, two capsules by mouth daily, #60, refills not specified is not medically necessary.