

Case Number:	CM14-0096632		
Date Assigned:	07/28/2014	Date of Injury:	04/23/1996
Decision Date:	10/08/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in California. 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 68 year old female who reported a date of injury of 04/20/1996. The mechanism of injury was not indicated. The injured worker had diagnoses of myofascial pain and lower extremity neuralgia status post spinal cord stimulator implantation. Prior treatments included physical therapy. Diagnostic studies were not included within the medical records received. Surgeries included spinal cord stimulator implantation on 07/18/2013. The injured worker had complaints of bilateral lower extremity and back pain. The clinical note dated 08/27/2013 noted range of motion in the injured worker's lumbar spine was intact. The injured worker had intact sensation to touch bilaterally and 5/5 motor strength. Medications were not included within the medical records received. The treatment plan included the reprogramming of the spinal cord stimulator. The rationale was not indicated within the medical records received. The request for authorization form was dated 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl lozenges 400mcg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (fentanyl lollipop).

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

Decision rationale: The request for Fentanyl lozenges 400mcg #120 is not medically necessary. The injured worker had complaints of bilateral lower extremity and back pain. The California MTUS guidelines indicate Actiq (fentanyl lollipop) is not recommended for skeletal muscle pain. It is indicated for the use in management of breakthrough pain with cancer patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain and it is not indicated for use in chronic pain. There is a lack of documentation the injured worker has cancer with malignancies, for which Fentanyl lollipops are recommended. There is a lack of documentation the injured worker had a recent examination with an adequate pain assessment to support the need for continued pain medications. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request as submitted did not specify a frequency of use. As such, the request is not medically necessary.