

<b>Case Number:</b>	CM15-0010633		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	05/30/1990
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old female, who sustained an industrial injury on 5/30/1999. She has reported low back injury. The diagnoses have included low back pain, lumbar degenerative disc disease (DDD), lumbosacral radiculopathy, lumbar stenosis, failed back surgery syndrome and status post intrathecal pump replacement. Treatment to date has included currently, the injured worker complains of low back pain with radiation to bilateral extremities and went for pain management follow up and adjustment of intrathecal pump as she states that she would like another increase in her pump rate as her pain has increased with the colder weather. She does not wish to increase the oral medications and wishes to rely mainly on the intrathecal pump for pain control. She states that the pain is currently more intense and rated 6/10. She uses ms contin and actiq with no side effects and also no side effects from intrathecal pump. Physical exam revealed she was ambulatory with use of a cane. The range of motion of the lumbar spine is decreased secondary to pain with tenderness noted over the sciatic notches and sacroiliac joints which is unchanged. The range of motion is decreased in the cervical spine due to pain. The injured worker has chronic pain and wishes to be on Actiq and ms contin for breakthrough pain and Lidoderm patch for muscle spasms. On 12/29/14 Utilization Review non-certified a request for Actiq 400mcg (unknown quantity) and Lidoderm Patch 5% (unknown quantity), noting that regarding the Actiq 400mcg (unknown quantity) current medication use includes an intrathecal pump and ms contin, this medication should not require weaning. Regarding the Lidoderm Patch 5% (unknown quantity) there are no documented objective functional gains with prior use of this medication. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Actiq 40mcg (unknown quantity):** Upheld

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

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

**Decision rationale:** Actiq 40mcg (unknown quantity) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Actiq is not recommended for musculoskeletal pain. Actiq (oral transmucosal fentanyl citrate), a fast acting highly potent "lollipop" painkiller 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. This request is not medically necessary. The documentation does not indicate that the patient has malignancy and is using this for breakthrough cancer pain. The request furthermore does not indicate a quantity and cannot be certified. Actiq is not medically necessary.

**Lidoderm Patch 5% (unknown quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, Postsurgical Treatment Guidelines.

**Decision rationale:** Lidoderm Patch 5% (unknown quantity) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation indicates in prior peer review that the patient has had failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The documentation does not indicate significant functional improvement or efficacy obtained from prior Lidoderm Patch use. Furthermore, the request does not indicate a quantity. For these reasons the request for Lidoderm Patch 5% is not medically necessary.

