

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

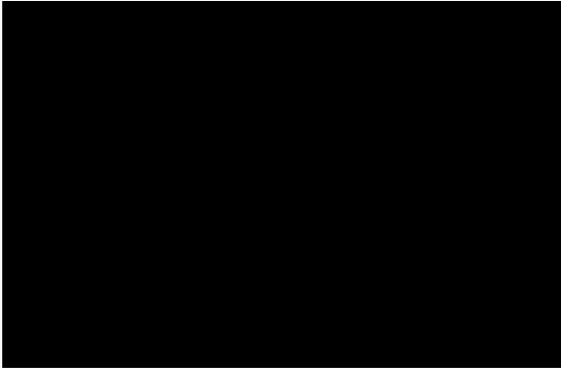
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Notice of Independent Medical Review Determination

Dated: 11/27/2013



Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/16/2013
Date of Injury:	7/20/1998
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0015810

- 1) MAXIMUS Federal Services, Inc. has determined the request for Actiq 1600 mcg #60, one lozenge bid **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 8/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Actiq 1600 mcg #60, one lozenge bid **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and in Pain Management and is licensed to practice in Georgia. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 59-year-old male presented with chronic pain following a work-related injury. The client's most recent complaints include headache, hurting everywhere, and inability to move the legs. The claimant's physical exam was significant for diminished lateral flexion to 40% diminished rotation to 50% and diminished extension to 50% normal, loss of cervical lordosis, abnormal muscle tone, diffuse muscle firmness, diffuse trigger points, positive Tinel sign bilaterally at the medial and ulnar tunnels, positive Phalen's sign the bilateral hands. The claimant was diagnosed with cervical spondylosis without myelopathy, shoulder disorder, tension headache, chronic pain syndrome with multiple medical use, carpal tunnel syndrome, opiate-type dependence and polypharmacy with narcotic use. The claimant was discharged from his previous provider. The claimant has requested authorization and coverage of Actiq 1600mcg Lozenges BID.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Actiq 1600 mcg #60, one lozenge bid:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS 2009, pg. 86-Opioid dosing, which is a part of the MTUS.

The Expert Reviewer based his/her decision the Chronic Pain Medical Treatment Guidelines, pg 12, Actiq, which is a part of the MTUS and the Creating a Treatment Plan (Responsible Opioid Prescribing: A Physician's Guide, 2007) and Baron, et al. (Journal of Opioid Management, 2006), which is not a part of the MTUS.

Rationale for the Decision:

Actiq is FDA approved for breakthrough cancer pain in patients who are opioid tolerant or otherwise with a limited life expectancy. A review of the records indicates that the employee has a chronic non-life threatening condition. Current standard of care for chronic pain is treatment in a multidisciplinary practice to include physical therapy, massage therapy, behavioral therapy, and injections to help reduce pain. Opiates are considered adjunctive to this therapy and at that point controlled release narcotics with close monitoring by a certified physician is recommended. Short release/acting medication with a high risk of dependence and tolerance such as Actiq is not recommended. Dr. [REDACTED] indicates this in chapter 2: Creating a Treatment Plan (Responsible Opioid Prescribing: A Physician's Guide, 2007) Baron, et al. (Journal of Opioid Management, 2006) reported that high dose opiates might contribute to pain sensitization via opioid-induced hyperalgesia, decreasing patient pain threshold and potentially masking resolution of a preexisting pain condition. In this retrospective study, the majority of patients undergoing detoxification of high dose opiates for chronic pain reported a significant decrease in pain at the end of the study, further supporting the theory of opioid-induced hyperalgesia. It would therefore, be in the best interest of the employee to detoxify from opioids or wean off Actiq and provide adjunctive therapy including non-narcotic medications, physical therapy, massage therapy, or cognitive behavioral therapy, in order to address the chronic pain. High dose opiates may also cause adverse outcomes and therefore the enrollee's requested authorization and coverage for Actiq is not indicated. Ballantyne et al. (New England Journal of Medicine, 2003) reported that

prolonged use of high dose opiates might induce tolerance, abnormal pain sensitivity, and hormonal effects. The aim of current guidelines is to protect patients from the adverse effects of opioid therapy. **The request for Actiq 1600 mcg #60, one lozenge bid is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.