

Case Number:	CM14-0029274		
Date Assigned:	06/20/2014	Date of Injury:	08/13/2001
Decision Date:	08/13/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/07/2014

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 and Rehabilitation 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 65-year-old female who reported an injury on 01/06/2000 from an unknown mechanism. The injured worker had a history of chronic severe low back pain and bilateral leg pain, post multiple back surgeries. On examination on 04/22/2014, the injured worker was seen for re-evaluation since her last visit on 02/28/2014. Average pain level was an 8/10 to 9/10, mood was a 7/10 and functional levels were 7/10 to 8/10. The injured worker complained of poor sleep quality due to pain. Ambien and Zanaflex were helping well. On exam, the injured worker continued to have ongoing severe low back pain as well as neck pain. Her low back pain traveled from buttocks to toe with neuropathic pain right greater than left. There was tenderness to palpation over right greater than left sacroiliac joints with ongoing neuropathic pain symptoms. The injured worker has a diagnosis of post laminectomy syndrome lumbar region, lumbago, thoracic lumbosacral radiculitis unspecified, low back pain with radiculitis symptoms, status post fusion at L3-4 and L5-S1, new lesion at L4/5 per myelogram, status post 3 level fusion, status post revision surgery, status post multiple level fusion now, bilateral SI joint fusion, discogenic lower back pain, neuropathic pain, chronic headache set off by smell, etc, Fiorinal responsive, opioid dependency, poor sleep, spasm, right troch bursitis status post right fascial release, and status post stimulation trial/no implant. Current medications included adequate Actiq (fentanyl citrate) 1600 mcg/lozenge on a handle 1 lozenge to inside of mouth 4 times a day as needed for pain, Celebrex 200 mg 1 capsule twice a day as needed for pain, Cymbalta 60 mg capsule twice a day as directed, Lazanda (fentanyl citrate) 400 mcg/spray nonaerosol 1 spray into 1 nostril twice a day as needed for pain use for severe breakthrough pain in place of Actiq, Lyrica 200 mg 1 capsule oral 4 times a day, methadone 10 mg 1 tablet every 8 hours as needed for pain, Nucynta 100 mg 1 to 2 tab 4 times a day as needed for pain, prednisone 5 mg 1 tab every 12 hours, tizanidine 4 mg 2 capsule every night, fentanyl patch 100+50 ugm

every 2 days as needed baseline pain, and methadone 10 mg every 8 hours as needed baseline pain. Diagnostic studies were not mentioned in current documentation. Prior treatments were medication, assistive walking devices, and aqua therapy. The Request for Authorization and rationale were not submitted within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lazanda Solution 400mcg #4 times 8 doses (32 doses total): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline Plus, Fentanyl nasal spray.

Decision rationale: The request for Lazanda solution 400 mcg #4 times 8 doses (32 total) is non-certified. The injured worker had a history of chronic severe low back pain and bilateral leg pain, post multiple back surgeries. According to Medline Plus, Lazanda is a nasal spray and used to treat breakthrough pain in cancer patients 18 years of age or older or taking regular scheduled doses of another narcotic medication along with opioids. The injured worker has a history of chronic back pain. Ongoing monitoring of chronic pain patients on opioids includes documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is lack of documentation as for ongoing monitoring of said medication. The injured worker also is taking other opioids which allow for pain management. The medication is not recommended for non-malignant neuromusculoskeletal pain treatment. As such, the request is non-certified.

Actiq 1, 600 mcgm Lozenge 4 times a day as needed # 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-pain.

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

Decision rationale: The request for Actiq 1600 mcgm Lozenges 4 times a day as needed #180 is not medically necessary. The injured worker had a history of chronic severe low back pain and bilateral leg pain, post multiple back surgeries. The California MTUS Guidelines does not recommend actiq for use for musculoskeletal pain. Actiq (oral transmucosal fentanyl citrate), 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; and it has a Black Box warning for abuse potential. As such, the request is not medically necessary.

