

Case Number:	CM14-0209003		
Date Assigned:	12/22/2014	Date of Injury:	07/20/1999
Decision Date:	04/07/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Florida

Certification(s)/Specialty: Family Practice

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 60 year old female who sustained an industrial injury on 07/20/99. She reports increasing neck pain that radiates into both upper extremities, with neuropathic and nociceptive pain in her neck and upper extremities. She also reports increasing numbness and tingling, and weakness in her upper extremities, as well as increasing headaches. Diagnoses include status post C6-7 anterior cervical discectomy and fusion, with post laminectomy neck pain, severe intractable headaches, bilateral upper extremity radicular pain, low back pain status post motor vehicle accident, and anxiety and depression secondary to chronic pain syndrome. Treatments to date include medications, surgery, and cervical ESIs. In a progress note dated 11/03/14 the treating provider recommends a cervical ESI at C5-6 and C6-7, Lexapro, Topamax, trazadone, baclofen, and Lazanda. On 11/19/14 Utilization Review non-certified the Lazanda, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lazanda spray 400mcg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 110-115.

Decision rationale: Lazanda spray has been requested, and was non-certified by a utilization review physician. Lazanda is a nasal spray containing Fentanyl, a narcotic medication. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. In this patient's case, this is a first time request for Lazanda spray to treat her chronic pain. There is no compelling reason presented why this patient needs an expensive nasal spray over an oral tablet. There is also no compelling reason provided why she needs a narcotic as strong as Fentanyl; one that is often reserved for malignant pain. This medication request is not medically necessary.