

Case Number:	CM15-0218896		
Date Assigned:	11/10/2015	Date of Injury:	06/23/2003
Decision Date:	12/22/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female who sustained an industrial injury on 6-23-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy secondary to failed back surgery syndrome. According to the progress report dated 10-12-2015, the injured worker complained of chronic low back pain. It was noted that her pain had become worse recently. She complained of numbness and tingling in her toes and right leg. She rated her average pain 10 out of 10, which was the same as at the last visit (9-11-2015). She rated her pain 8 out of 10 on 7-17-2015. She also complained of abdominal pain with each meal. Objective findings (10-12-2015) revealed tenderness to palpation and painful, restricted range of motion of the lumbar spine. There were positive sciatica and femoral tension signs bilaterally. There was tenderness to palpation and restricted range of motion of the thoracic spine. Treatment has included surgery and medications. The injured worker was treated in the emergency department on 9-9-2015 for an exacerbation of back pain. The treatment plan (10-12- 2015) was to refill Norco, Duragesic patches, Topamax, Zanaflex, Prilosec and Lazanda (prescribed since at least 3-2015). The original Utilization Review (UR) (10-26-2015) denied a request for Lazanda.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lazanda 400mcg #27 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lazanda (Fentanyl nasal spray).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2003 when she fell backwards while moving ice chests that were on a dolly. She underwent a lumbar spine fusion in 2011 and is being treated for chronic back pain with a diagnosis of failed back surgery syndrome. When seen in October 2015 she had pain rated at 10/10. Her condition had worsened recently. She was using a walker and lumbar brace. Physical examination findings included lumbar spine tenderness with decreased and painful thoracic and lumbar spine range of motion. Neural tension signs were positive bilaterally. There was decreased sensation to light touch over the lumbar spine. Imaging results were reviewed showing findings often L4/5 lumbar fusion. Medications were refilled. Norco and Duragesic were being prescribed at a total MED (morphine equivalent dose) over 220 mg per day. Lazanda was also being prescribed at 400 mcg 6 times per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed exclusive of Lanza is already more than 1.5 times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that the opioids being prescribed are providing decreased pain, an increased level of function, or improved quality of life. The request is not medically necessary.