

Case Number:	CM15-0218902		
Date Assigned:	11/10/2015	Date of Injury:	06/23/2003
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female who sustained an industrial injury on 06-23-2003. A review of the medical records indicated that the injured worker is undergoing treatment for chronic low back pain, failed lumbar surgery syndrome and lumbar radiculopathy. The injured worker is status post lumbar fusion in 2011. According to the treating physician's progress report on 09-11-2015, the injured worker continues to experience chronic low back pain with numbness and tingling in her toes and right leg rated at 10 out of 10 on the pain scale with medications. Objective findings were documented as inability to perform heel and toe walk, loss of lumbar lordosis, tenderness to palpation of the lumbar spine, restricted and painful range of motion of the lumbar and thoracic spine, decreased sensation to light touch of the lumbar spine and positive sciatic and femoral tension signs bilaterally. The injured worker ambulates with a walker. Prior treatments have included diagnostic testing, surgery, physical therapy, lumbar epidural steroid injections, psychological evaluation and medications. Current medications were listed as Norco 10mg-325mg, Duragesic patch 75mcg every 3 days, Lazanda 400mcg nasal spray (1 spray 8 times a day as needed) Topamax, Zanaflex and Prilosec. The injured worker has been on Norco, Fentanyl patches and nasal spray (with increasing doses and frequency of sprays) since at least 01-2015. The injured worker has visited at least 4 different emergency rooms within the past year due to pain and treatment consisted of Dilaudid intravenous or intramuscularly. Urine drug screening reports were not submitted with the medical review. Treatment plan consists of continuing medication regimen and the current request for Lazanda 400mcg #30. On 10-27-2015

the Utilization Review determined the request for Lazanda 400mcg #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lazanda 400mcg #30: 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): Fentanyl, Opioids for chronic pain.

Decision rationale: This claimant was injured about 12 years ago. There is chronic low back pain. The patient is status post lumbar fusion in 2011. The claimant has been on the fentanyl (Lazanda) since at least January 2015, without documentation evidence of pain stability or objective improvement; 4 ER visits for example were needed suggesting an ineffective pain regimen. Lazanda is a form of fentanyl, administered non-orally. The effectiveness is not shown in these records. Further, in regards to Opiates, long term use like Fentanyl patches, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.