

Case Number:	CM14-0128406		
Date Assigned:	08/15/2014	Date of Injury:	05/24/2012
Decision Date:	09/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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:

This is a 39-year-old male patient with a 5/24/12 date of injury. The exact mechanism of injury was not provided for review. A progress report dated on 5/29/14 indicated that the patient's pain level on VAS scale was 9/10 without medication, and 3-4/10 with medication. He stated that after right shoulder arthroscopy he experienced progressive myofascial pain in his neck, shoulder and trapezius. He also developed complex regional pain syndrome in his right arm and face. Physical exam revealed that manipulation on the right upper extremity showed pain in the shoulder joint down to the biceps. There was also tactile allodynia, hyperpathia, hyperhidrosis and discoloration of the right arm below the elbow. He was diagnosed with CRPS of right upper extremity, Shoulder injury, s/p surgery, Myofascial pain in the right cervical, trapezius and scapular areas. Treatment to date: medication management, trigger point injection (5/29/14), spinal cord stimulation trial (5/9/14) with 60% pain relief and functional improvement. There is documentation of previous 7/28/14 adverse determination, based on the fact that the medical record information did not match with the criteria of opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lazanda (Fentanyl) 100mcq 1-2 sprays per nostril (maximum quantity of 4 per day) for post-operative pain status post (s/p) spinal cord stimulator (SCS) permanent implantation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, Criteria for use of opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA (Lazanda).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Lazanda (fentanyl) nasal spray is a prescription medicine used to manage breakthrough pain in adults with cancer (18 years of age and older) who are already routinely taking other opioid pain medicines around-the-clock for cancer pain. However, the patient was prescribed with other opioid, such as Nucynta ER. However, there was no documentation of diagnosis of cancer. It is unclear why the patient needs this medication despite lack of support. The patient already notes good pain relief with his current medication regimen. A Fentanyl nasal spray is excessive in regards to post-operative pain after a spinal cord stimulator, and would put the patient at high risk of sedation and possible overdose. Therefore, the request for Lazanda (Fentanyl) 100mcg 1-2 sprays per nostril (maximum quantity of 4 per day) for post-operative pain status post (s/p) spinal cord stimulator (SCS) permanent implantation was not medically necessary.