

Case Number:	CM14-0086451		
Date Assigned:	07/23/2014	Date of Injury:	09/25/1998
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 40-year-old male who reported an injury on 09/25/1998. The mechanism of injury was noted to be a slip and fall. His diagnoses were noted to be chronic right knee pain, left knee pain, and obesity. Prior treatments were noted to be medications and exercise. His subjective complaints were noted to be pain bilaterally in the knees in addition to right shoulder pain. Current medications include Methadone and OxyContin. The objective findings revealed evidence of bilateral knee osteoarthritis. The provider's rationale for the request was noted within the documentation submitted for review. A Request for Authorization form was not provided with the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lazanda or Intranasal Fentanyl Spray 400mcg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid on-going management Page(s): 78.

Decision rationale: The request for Lazanda or intranasal Fentanyl spray 400 mcg is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide

4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review fails to provide an adequate pain assessment. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker had prior opioid use. Efficacy has not been noted. The guidelines do not recommend the intranasal route of Fentanyl. In addition, the request fails to provide a dosage frequency and quantity. As such, the request for Lazanda or intranasal Fentanyl spray 400 mcg is not medically necessary.