

Case Number:	CM15-0118722		
Date Assigned:	06/29/2015	Date of Injury:	11/01/1989
Decision Date:	07/30/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury November 1, 1989. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for Lazanda. The claims administrator referenced an RFA form received on May 19, 2015 in its determination. On January 27, 2015, the applicant reported ongoing complaints of low back and leg pain, reportedly severe. The applicant reportedly needed 24-hour care and assistance to perform activities of daily living because the applicant was unable to prepare his food or bathe himself. The applicant was currently using Fentora, oxycodone, Neurontin, baclofen, methadone, Valium, Colace, and OxyContin, it was reported. A naproxen containing topical compounded cream was endorsed, along with a motorized wheelchair scooter, intrathecal pain pump replacement, lumbar sympathetic blocks, Fentora, oxycodone, Neurontin, baclofen, methadone, Valium, Colace, and OxyContin. On April 7, 2015, the applicant again reported "severe, unrelenting" multifocal pain complaints, including about the neck, low back, and teeth. The applicant was on OxyContin, Valium, Colace, methadone, baclofen, Neurontin, Oxycodone, Fentora, and vitamin B12, it was reported. The applicant was still using a motorized scooter to move about. The applicant stated that he was unable to brush his teeth properly, dress, or shop owing to his chronic pain complaints. Multiple medications were renewed. On May 5, 2015, the applicant presented reporting severe, unrelenting multifocal pain complaints. Multiple medications were prescribed and/or renewed, including Sprix, Lazanda, Oxycodone, Neurontin, baclofen, methadone, AvaLin

patches, Valium, Colace, OxyContin, and Fentora. The applicant was also receiving intrathecal opioids, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lazanda 100 mcgm three times a day, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; Functional Restoration Approach to Chronic Pain Management Page(s): 78; 7-8. Decision based on Non-MTUS Citation; INDICATIONS AND USAGE; Food and Drug Administration Lazanda is an opioid analgesic indicated only for the management of breakthrough pain in cancer patients, 18 years of age and older, who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain.

Decision rationale: No, the request for Lazanda (fentanyl nasal spray) was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not, thus, furnish a clear or compelling rationale for introduction of Lazanda on or around the date in question, May 5, 2015. It was not clearly stated why the applicant needed to use so many different opioid agents, including Fentora, OxyContin, methadone, short-acting Oxycodone, and, most recently, Lazanda. A clear rationale for addition of Lazanda to the multiple other opioids which the applicant was taking was not furnished here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulate that an attending provider using a drug for non-FDA labeled purposes have the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Lazanda is indicated only in the management of breakthrough pain in cancer patients who are already receiving and who are tolerant of opioid therapy for the underlying persistent cancer pain. Here, however, there is no evidence that the applicant's pain complaints were the result of any cancerous process. Therefore, the request was not medically necessary.