

Case Number:	CM14-0146336		
Date Assigned:	09/19/2014	Date of Injury:	08/19/2000
Decision Date:	10/21/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 66-year-old female with a reported date of injury on 08/19/2000. The mechanism of injury was not noted in the records. The injured worker's diagnoses included chronic neck pain secondary to cervical degenerative disc disease, chronic low back pain secondary to multilevel lumbosacral degenerative disc disease, and right shoulder rotator cuff disorder. The injured worker's past treatments have included pain medication and physical therapy. There were no diagnostic imaging studies submitted for review. There was no surgical history noted in the records. The subjective complaints on 05/14/2014 included low back pain. The patient also notes that, with pain medication, it helps her function at home. She is able to do home chores, cleaning, and prepare meals. Without the pain medication, it is difficult for her to get out of bed due to severe pain mostly to her back. The objective physical exam findings noted that there is a decreased range of motion to the lumbar spine and tenderness on palpation to the lumbar paraspinals and cervical paraspinals. Motor strength in upper extremity is rated 5/5 and lower extremity is 5/5 as well. The patient does not appear overmedicated or drowsy. The injured worker's medications included Avinza 60 mg, Avinza 45 mg, Rozerem 8 mg, Benadryl 50 mg, Relafen 500 mg, Atarax 50 mg, Restoril 30 mg, and Amerge 2.5 mg. A drug screen was submitted with this request and is consistent for the medications listed. The treatment plan was to continue and refill the medication. A request was received for Avinza 45 mg quantity 60, date of service 08/04/2014. The rationale for the request was to relieve pain. The Request for Authorization Form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Avinza 45mg quantity: 60 (date of service 8/4/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Retrospective: Avinza 45mg quantity: 60 (date of service 8/4/14) is not medically necessary. The California MTUS Guidelines state 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonaberrant drug related behaviors. The injured worker has chronic pain. The notes indicate that the patient has been on Avinza since at least 05/14/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief. There was, however, documentation of side effects, physical and psychosocial functioning, and aberrant behavior. Additionally, a drug screen was submitted with the request that was consistent with the medications. Additionally, the request as submitted did not provide a medication frequency. In the absence of quantified numerical pain relief and a medication frequency, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.