

<b>Case Number:</b>	CM13-0015914		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/22/1996
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 58 year old male with a 4/22/1996 injury. He has the diagnosis of cervical facet syndrome, per [REDACTED] report dated 8/1/13. The IMR application shows a dispute with the 8/13/13 UR decision. The 8/13/13 UR decision is from CID and is based on the 8/1/13 medical report and modifies the request for Avinza, Norco and Vibryd to allow the prescription, but not the #1 refills, because the medical reporting did not discuss ongoing effectiveness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avianza 30mg # 30 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** MTUS guidelines for Opioids, long-term users (6-months or more), under Criteria for Use of Opioids, requires the physician to: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information

from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The UR denial letter stated the refills were not recommended as there was no reporting on pain levels or improvement. The 9/26/13 report from [REDACTED] was reviewed and there was no discussion of pain or function using a numeric scale. MTUS requires a pain assessment on each visit using a numeric scale and functional assessment every 6-months using a numeric scale. Going back through [REDACTED] reports for 6-months, including the 8/1/13, 6/6/13, 5/9/13, 4/11/13 and 3/14/13 reports, there is no discussion of pain or function using a numeric scale. The reports state pain is unchanged from prior visit. The 5/9/13 report states pain increased since last visit, then on the subsequent 6/6/13 report, it states pain is unchanged since last visit. The MTUS reporting requirements for long-term use of opioids, such as Avinza, have not been met. The request is not in accordance with MTUS guidelines.

**Norco 10/325mg # 120 refill 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** MTUS guidelines for Opioids, long-term users (6-months or more), under Criteria for Use of Opioids, requires the physician to: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The UR denial letter stated the refills were not recommended as there was no reporting on pain levels or improvement. The 9/26/13 report from [REDACTED] was reviewed and there was no discussion of pain or function using a numeric scale. MTUS requires a pain assessment on each visit using a numeric scale and functional assessment every 6-months using a numeric scale. Going back through [REDACTED] reports for 6-months, including the 8/1/13, 6/6/13, 5/9/13, 4/11/13 and 3/14/13 reports, there is no discussion of pain or function using a numeric scale. The reports state pain is unchanged from prior visit. The 5/9/13 report states pain increased since last visit, then on the subsequent 6/6/13 report, it states pain is unchanged since last visit. The MTUS reporting requirements for long-term use of opioids, such as Norco, have not been met. The request is not in accordance with MTUS guidelines.

**Vibryd 40mg # 30 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** MTUS does support antidepressants for patients with chronic pain. TCA and SNRI are recommended for pain, and SSRI such as Vibryd are suggested for management of psychological symptoms associated with chronic pain. When using antidepressants, MTUS states: "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment" The reports from 3/14/13 through 9/26/13 did not discuss any pain outcomes, or evaluation of function or changes in analgesics with use of Vibryd, and there was no psychological assessments. The continued use of Vibryd does not appear to be in accordance with MTUS guidelines.