

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0024446 | | |
| Date Assigned: | 03/14/2014 | Date of Injury: | 08/27/2005 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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, 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 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 patient is a 47-year-old female with date of injury of 08/27/2005. Per treating physician's report from 08/26/2013, this patient presented with neck and low back pain that was increased in the back and the leg, sleeps poorly due to restless syndrome. Patient was taking additional Norco to address her pain especially at night, but the patient was on time for her refills. Current listed medications are Prilosec, Celebrex, Lyrica, Norco 10/325 one daily, Avinza 45 mg 1 daily, bupropion, and simvastatin. Listed diagnoses are: low back pain, carpal tunnel syndrome, cervical facet syndrome, cervical radiculopathy, shoulder pain, and lumbar facet syndrome. Description of the MRI scan from 07/05/2006 showed mild degenerative changes. MRI of the right shoulder 04/14/2016 showed prominent impingement but no rotator cuff tear. MRI C-spine 11/07/2006 showed mild degenerative disk changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 TABLET #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

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

Decision rationale: This patient presents with chronic low back, neck, shoulder pains. The treating physician has been prescribing Norco at least since 01/03/2013. Review of the reports from 01/13/2013 to 08/26/2013 shows that the patient was on Norco 3 tablets a day on 01/03/2013. This was decreased to 1 Norco per day since 03/11/2013. The reports reviewed during this time span shows documentation of "medications working well", no side effects. This statement is provided on 03/11/2013 and 07/29/2013. On 08/26/2013, patient was noted to be taking more medications, admitting that patient was not taking these medications as prescribed. MTUS guidelines, page 88 and 89, discuss long-term use of opioids. It requires documentation of pain and functional improvement compared to baseline. It also recommends measurement of functioning at 6-month intervals, either using a numeral scale or validated instrument. MTUS also talks about documenting the 4As that include analgesia, a significant change in the ADLs, adverse events, or adverse behavior. Other outcome measures require additional documentation such as average pain, least pain, time it takes for medication to work, and the duration of relief, etc. In this case, none of the reports described the patient's functional changes related to medication use. There are no numerical scales provided. There are no validated instruments used to measure this patient's function. Outcome measures as required by MTUS Guidelines are not discussed. It would also appear that the patient is on a taper regimen, although patient has been on 1 Norco for a number of months now. Given the lack of clear documentations as required by MTUS for determination of the chronic opiate use efficacy, recommendation is for denial.

AVINZA 45MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-94.

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

Decision rationale: This patient presents with chronic low back, neck, shoulder pains. The treater has been prescribing Avinza for quite some time. Review of the reports from 01/03/2013 to 08/26/2013 shows that the patient was initially on Avinza 60 mg as well as 30 mg once a day. This has been slowly tapered to the current level of 45 mg once a day. None of the reports document the patient's pain assessment or function as related to use of medications. On 03/11/2013 and 07/29/2013, the treater documents "medications are working well" with no side effects. This has been the extent of documentation of the patient's function and efficacy from the use of chronic opiates. MTUS Guidelines page 88 and 89 require documentation of functional improvement compared to baseline for chronic opiate use. It states, "Patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The 4As are emphasized in the MTUS Guidelines including analgesia, ADLs, adverse side effects, and adverse behavior. In this case, there are no discussions of the patient's activities of daily living, and no numeric scale was used to denote the patient's pain or function. MTUS Guidelines further discusses outcome measures including documentation of current pain and least pain reported over the periods since the last assessment, average pain, and intensity of pain after taking the opioids, how long it takes for pain relief, etc. In this case, none

of this information is provided. Recommendation is for additional slow taper of the Avinza given the lack of documentation. Recommendation is for denial.