

Case Number:	CM13-0027522		
Date Assigned:	11/22/2013	Date of Injury:	10/30/2001
Decision Date:	04/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 48-year-old female who reported an injury on 10/30/2001. The mechanism of injury was noted to be the patient tripped over a box on the floor, broke her fall, and twisted her low back. The patient had an L4-5 and L5-S1 fusion on 11/12/2002 with a revision surgery on 08/04/2005 and a revision surgery on 01/25/2009 with a removal of the posterior instrumentation bilaterally on 04/01/2013. The patient's diagnosis as of 08/09/2013 was lumbar postlaminectomy syndrome. The patient's medication history included Xanax, Avinza, and Soma as of 2012 and as of early 2013, Lidoderm and Zoloft were added. The documentation indicated the patient's medications provided her with pain relief and preservation of functional capacity. The patient was in the office for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF AVIZA 120 MG CAPSULE, EXTENDED RELEASE 1 CAPSULE ONCE A DAY FOR 30 DAYS, DISPENSE 30 CAPSULES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CA MTU PG 76, "OPIOIDS, CRITERIA FOR USE"

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 60,78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective improvement in function, an objective decrease in the Visual Analog Scale (VAS) score, and evidence that the patient was being monitored for aberrant drug behavior and side effects. The patient was noted to be taking the medication since 2012. Given the above, the request for a prescription of Avinza 120 mg capsule, extended release 1 capsule once a day for 30 days, dispense 30 capsules is not medically necessary.