

Case Number:	CM13-0037854		
Date Assigned:	12/18/2013	Date of Injury:	04/16/2002
Decision Date:	02/20/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 Neurology, has a subspecialty Certificate in Neuromuscular Medicine, 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. 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 55-year-old woman who sustained a work-related injury on April 16, 2002. The patient subsequently developed chronic back pain. According to the progress note of June 3, 2013, the patient was reported to have chronic back pain radiating to both lower extremities, gait weakness and lumbar spine. Physical examination demonstrated the left extensor hallucis longus weakness and normal muscle strength throughout. The patient was previously treated with epidural steroid injections, pain medications, Topamax, Xanax, Avinza, Lidoderm, Vicodin, spinal cord stimulator, physical therapy and home exercise. However, the patient is still reporting severe pain, from 8-10/10. The patient was diagnosed with degenerative disc disease, seizure, anxiety, depression and pain syndrome. According to the progress note of September 19, 2013, the patient still suffers from sharp, dull, and aching lower back pain and bilateral lower extremities pain, numbness and burning and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg XR 24-hour Cap, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules. Prescriptions should be from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. The prescriber should conduct ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The following four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for treatment. Avinza is a long-acting opioid, a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. There is clear evidence from the patient file of a continuous need for Avinza. There is, however, no documentation of positive functional improvement. Rather, the patient continues to have severe pain. Therefore, the prescription of Avinza 30mg XR 24HR-Cap, quantity of 30, is not medically necessary or appropriate.