

<b>Case Number:</b>	CM13-0052243		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/01/1999
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Family Practice, and is licensed to practice in Texas. 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:

The patient is a 52-year-old female who reported an injury on 07/01/1999. The mechanism of injury was not provided. The note dated 12/11/2013 indicated the patient had complaints of pain in the left ankle and lower leg. Her medications that were listed were Avinza 90 mg once a day, oxycodone HCl 15 mg every 4 hours, carisoprodol 350 mg every 8 hours as needed and Lyrica 75 mg twice a day. It was noted that the patient was status post left lower leg/ankle surgery in 2003. It was noted that the patient's gait/station were slow and left antalgic. The doctor noted there were no signs of overmedication. It is noted upon examination the patient had normal bulk, normal tone. There were no abnormal movements, and strength of the upper and lower extremities was 5/5. The sensory examination was intact to light touch, vibration and temperature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 120mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend that for ongoing monitoring of chronic pain patients on opioids there must be documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant or non-adherent drug related behaviors. In addition, the MTUS Chronic Pain Guidelines recommend that dosing not exceed 120 mg of oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. The records provided for review failed to provide documentation of a measureable pain relief, activities of daily living, and absence of aberrant drug taking behavior. In addition, the records provided for review indicated that the medications the patient was on exceed the recommended dose of 120 mg of oral morphine equivalents per day. When calculated, the dose the patient was receiving per day equals 225 mg. As such, the request for Avinza 120 mg is not medically necessary and appropriate.

**Oxycodone HCL 15mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend that for ongoing monitoring of chronic pain patients on opioids there must be documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant or non-adherent drug related behaviors. In addition, the MTUS Guidelines recommend that dosing not exceed 120 mg of oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. The records provided for review failed to provide documentation of a measureable pain relief, activities of daily living, and absence of aberrant drug taking behavior. In addition, the records provided for review indicated that the medications the patient was on exceed the recommended dose of 120 mg of oral morphine equivalents per day. When calculated, the dose the patient is receiving per day equals 225 mg. As such, the request for Oxycodone HCl 15 mg #120 is not medically necessary and appropriate.