MAXIMUS Federal Services

Case Number:	CM13-0065390		
Date Assigned:	01/03/2014	Date of Injury:	07/17/2006
Decision Date:	11/17/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, major depressive disorder, and anxiety disorder reportedly associated with an industrial injury of July 17, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; psychological counseling; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 25, 2013, the claims administrator failed to approve a request for Avinza. The claims administrator stated that it was basing its decision on MTUS Guidelines, ACOEM Guidelines, and ODG Guidelines but did not specifically cite which of those guidelines were being invoked here. The applicant's attorney subsequently appealed. In a January 30, 2014 progress note, the applicant was placed off of work, on total temporary disability. The note was handwritten and somewhat difficult to follow. The applicant was using 180 mg of Avinza (morphine) daily, it was acknowledged. The applicant apparently had issues with congestive heart failure, it was acknowledged, but apparently denied any active symptoms of angina. The applicant's other medications included Xanax, Neurontin, Crestor, MiraLax, Cleocin, Synthroid, Xarelto, Voltaren, Xopenex, Clobetasol, and Colace. The applicant was asked to continue with Avinza and Aldactone. It was suggested (but not clearly stated) that the applicant was tapering off of Avinza. It was stated that the applicant was, at one point, using 270 mg of Avinza. On March 10, 2014, the applicant was again placed off of work, on total temporary disability. On this occasion, it was again stated that the applicant was using 180 mg of Avinza daily. The applicant was asked to continue tapering. In an earlier note dated December 12, 2013, the applicant was again placed off of work, on total temporary disability. A medical-legal evaluation was pending. It was stated that the applicant should continue on home medications for now. The applicant was using 270 mg of Avinza daily, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 12/7/13) FOR AVINZA 90MG #90 FOR RIGHT UPPER EXTREMITY & LEFT KNEE: 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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was off of work, on total temporary disability, through large portions of 2013 and 2014. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Avinza usage. It is further noted that the attending provider himself suggested that the applicant was not deriving appropriate benefit from Avinza and later reached a conclusion that the applicant should taper off of Avinza. For all of the stated reasons, then, the request was not medically necessary.