

<b>Case Number:</b>	CM13-0065641		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine & Rehabilitation 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 is a 39-year-old male who was injured on 02/28/2008. Treatment history includes medications, physical therapy, and injections. Medication history includes Colace sodium, Gabapentin, Cymbalta, Metoprolol, Avinza, Tizanidine, Nortriptyline, Norco, Inderal, and Miralax powder for solution. A most recent urine drug screen done on 10/02/2013 detected morphine, Hydromorphone, Hydrocodone, Norhydrocodone, and hydromorphone. A progress note dated 10/28/2013 indicates the patient complains of low back pain, stiffness and radicular pain in right and left leg. Severity of condition is a 6 on a scale of 1-10 with 10 being the worst. On physical exam, he was uncomfortable and had difficulty walking, sitting, standing, getting on/off exam table and out of chair. Muscle strength was 4/5 in right lower extremity and 3/5 in left lower extremity. Sensation was decreased to light touch on the left L5 and S1 dermatome. Final Determination Letter for IMR Case Number CM13-0065641 3 SLR was positive, supine and sitting. Positive Cross-Over test and Le Sague maneuver increased pain. He was prescribed Avinza 45 mg #60 (1 twice a day) and Norco 10/325 mg #180 (1 PO every four hours).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG, 1 PO Q4H, #180 (DISPENSED 10-28-13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco(Hydrocodone/APAP).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 75-94.

**Decision rationale:** As per CA MTUS guidelines, Norco is a short-acting opioids, also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Guidelines also indicate that 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). In this case, this patient has chronic low back pain and has been prescribed this medication chronically. However, there is no evidence of objective function improvement or reduced pain level with the use of this medication. The records consistently document that the patient reported pain level as 5-6/10 at least since January 2013. For continued use of opioids, guidelines recommend return to work; however, the patient has remained off work. Further guidelines indicate that the total daily dose of opioid should not exceed 120 mg oral morphine equivalents; however, this patient's combined morphine equivalent dose exceeds the guidelines recommended dosage. Based on all of the above reasons, the medical necessity has not been established.

**AVINZA 45MG, 1PO BID,#60(PRESCRIBED 10-28-13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 74-94.

**Decision rationale:** As per CA MTUS guidelines, Avinza is a short-acting opioids, also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Guidelines also indicate that 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). In this case, this patient has chronic low back pain and has been prescribed this medication chronically. However, there is no evidence of objective function improvement or reduced pain level with the use of this medication. The records consistently document that the patient reported pain level as 5-6/10 at least since January 2013. For continued use of opioids, guidelines recommend return to work; however, the patient has remained off work. Further guidelines indicate that the total daily dose of opioid should not exceed 120 mg oral morphine equivalents; however, this patient's combined morphine equivalent dose exceeds the guidelines recommended dosage. Finally, guidelines recommend Avinza® - morphine sulfate extended release for once daily dosing and the request is for twice a day. Based on all of the above reasons, the medical necessity has not been established.

