

Case Number:	CM14-0101771		
Date Assigned:	07/30/2014	Date of Injury:	10/30/2001
Decision Date:	09/22/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 Interventional Spine 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 patient is a 49 year old female with an injury date of 10/30/01. The 05/16/14 progress report states that the patient presents with chronic lower back pain radiating into the bilateral lower extremities. Pain is rated as 7/10 and limits her activities of daily living (ADLs). The patient also presents with constipation and gastrointestinal (GI) upset. Her gait appears antalgic. Examination reveals limited range of motion of the right lower extremity and the lumbar spine. The patient's diagnosis is lumbar post laminectomy syndrome (date unknown). Medication is listed as, Avinza, Lidoderm patch, Norco, Soma, Xanax, and Zoloft. The utilization review being challenged is dated 05/27/14. Treatment reports were provided from 12/26/13 to 07/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 120 mg #30 allow thls one refill for weaning over 2-3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: The patient presents with chronic lower back pain rated 7/10. The treater requests for Avinza (morphine sulfate an analgesic opioid) 120 mg #30 with one refill for weaning over 2-3 months. It is not known exactly how long the patient has been taking this medication; however, it is listed as a current medication on the report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Each of the reports reviewed discuss the patient's pain but not always with the use of a pain scale. The 05/16/14 report states the currently prescribed medications reduce the patient's pain and improve her ability to function. The reports reviewed discuss ADLs in only a general way and no specific ADL's are mentioned to determine whether or not significant functional improvement has been achieved. The adverse side effects of constipation and GI upset are discussed. Report 05/16/14 indicates that there is no evidence of abuse, diversion, hoarding or impairment. In this case, there is no discussion or documentation of pain assessment or outcome measures as described above. No specific ADL's are provided; no functional or analgesia documented using numeric scales. Therefore, there is not adequate documentation as required by MTUS.