

<b>Case Number:</b>	CM14-0108498		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/17/1998
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 53-year-old male with a 2/17/98 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/29/14, the patient was seen for lower backache. He rated his pain with medications as 3 on a scale of 1 to 10, and without medications as a 5. He stated that he continued to use Avinza and Norco, which helped him increase his activity relative to how much he was able to do without the medication. When he uses Avinza, Norco, and Lidoderm, he is able to continue to clean at home and walk for exercise. Objective findings: antalgic gait, arthritis, limitation of motion, muscle cramps, bone pain, stiffness, restricted lumbar spine range of motion, normal paravertebral muscles, no spinal process tenderness noted. Diagnostic impression: spine/thoracic/lumbar degenerative disc disease, hip bursitis. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 6/23/14 denied the request for Avinza. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 30 mg #60 one refill:** 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 Page(s): 78-81.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1998 date of injury, over 16 years ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, recent urine drug screen, or CURES monitoring. According to the progress note dated 6/23/14, the last urine drug screen was dated 8/21/13 and was positive for opiates and benzodiazepines. Therefore, the request for Avinza 30mg #60 one refill is not medically necessary.