

Case Number:	CM14-0123762		
Date Assigned:	08/08/2014	Date of Injury:	10/30/2001
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 48-year-old female who reported an injury on 10/30/2001. The mechanism of injury was not provided for clinical review. The diagnoses include status post work related injury with chronic lumbar postlaminectomy syndrome. Previous treatments included medication and surgery. Within the clinical note dated 07/11/2014, it was reported the injured worker complained of back pain radiating into her legs bilaterally. Upon the physical examination of the lumbar spine, the provider noted a positive straight leg raise on the right and normal on the left. The provider indicated the injured worker had tenderness to palpation of the lumbar facet joints, which revealed pain on both sides at L3-S1. The provider indicated there is pain noted over the lumbar intervertebral spaces on palpation. The provider indicated the range of motion is limited due to pain. The provider requested Avinza. However, a rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 07/11/2014.

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. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Avinza 120 mg #30 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 04/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.