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| <b>Case Number:</b>   | CM14-0170934 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 11/21/2002 |
| <b>Decision Date:</b> | 11/21/2014   | <b>UR Denial Date:</b>       | 09/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2014 |

### 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 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:

Injured worker is a male with date of injury 11/21/2002. Per pain management progress report dated 9/11/2014, the injured worker complains of lower back pain, neck pain, numbness in left arm/hand, headaches, weakness of left arm and hand, intermittent pain radiating down left lower extremity, and left leg weakness. He complains of chronic headaches having headache all the time, current at 3/10 pain. Neck pain is present all the time, currently 8/10 pain. He also complains of numbness to his left arm into his left hand and into the first three digits, and part of the fourth digit. He complains of weakness to his left arm and hand. He complains of lower back pain with pain that radiates intermittently down the left leg to his left foot. He states that has been getting worse lately. He also reports left leg weakness. He is not working, but he does take care of the kids and household. He reports that medications did help him to be more functional, and more active. His worst pain is rated at 10/10, least pain is rated 6/10, and usual pain is 8/10. On examination he is overweight. He is in moderate discomfort. The neck has diminished range of motion. Range of motion is very restricted and painful at extremes, especially with looking up and limited to looking towards the left and limited with looking towards the right. Spurling's sign is positive. Flattening of normal lumbar lordosis is noted. Suboccipital/occipital tenderness is present bilaterally, with left side worse than the right. Thoracic spine tenderness is present. Straight leg raise is positive bilaterally; approximately 45 degrees with left side worse than right side. Spine extension is very limited. He can flex forward only to the level of the knees. Extremity range of motion is full but increased pain with range of motion of the left shoulder. Gait is antalgic with limping. He has difficulty standing on toes and heels with the right foot. Diagnoses include 1) chronic pain syndrome 2) intervertebral cervical disc disorder with myelopathy, cervical region 3) cervical spondylosis with myelopathy 4) headache 5) chronic migraine without aura, without mention of intractable migraine without mention of status

migrainosus 6) lumbosacral spondylosis without myelopathy 7) disc displacement with radiculitis, lumbar 8) adjustment disorder with mixed anxiety and depressed mood, 9) insomnia due to medical condition classified elsewhere.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **(1) Prescription of Avinza 90 mg #16: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting provider explains that the injured worker does not display drug-seeking or drug addictive behaviors. As far as the use of opioid medication is concerned for pain management, he is using medications appropriately to stay active and maintain functionality. Opiate risk assessment has been carried out, and a narcotic agreement is in place. Narcotic medication pill counts are done at every visit. Urine toxicology screening and CURES reports are done at regular intervals and randomly as needed. Alternate modes of pain reduction are discussed at every visit. The current treatment plan is to stop Avinza, and start Tramadol and Tizanidine. Avinza is not reported to improve pain rating or improve function. Medical necessity of this medication has not been established within the recommendations of the MTUS Guidelines. The requesting physician is changing medications from Avinza to Tramadol and Tizanidine. The request for (1) Prescription of Avinza 90mg #16 is determined to not be medically necessary.

#### **(1) 12 Panel Urine Screen: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Substance abuse (tolerance, dependence, addiction)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker been denied approval for Avinza,

but is still being treated by pain management and new medications are being prescribed. Ongoing assessment for aberrant drug behavior is reasonable and supported by the MTUS Guidelines. The request for (1) 12 Panel Urine Screen is determined to be medically necessary.