

Case Number:	CM14-0020757		
Date Assigned:	04/30/2014	Date of Injury:	11/05/2002
Decision Date:	07/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 Preventive 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:

According to the records made available for review, this is a 56-year-old female with an 11/5/02 date of injury. At the time (1/30/14) of request for authorization for Avinza ER 30mg #30 and Diazepam 5mg #90, there is documentation of subjective (chronic low back pain with limited motion and right wrist/hand pain) and objective (positive Phalen's and Tinel's signs of the right hand; decreased lumbar range of motion; and decreased sensation of the bilateral lower extremities) findings, current diagnoses (carpal tunnel syndrome, lumbosacral spondylosis, lumbosacral disc degeneration, lumbar post-laminectomy syndrome, and lumbosacral radiculitis), and treatment to date (ongoing therapy with Naproxen, Robaxin, Nucynta, Neurontin, and Norco). In addition, medical report plan identifies start patient on Avinza and Diazepam. Regarding Avinza ER 30mg #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Diazepam 5mg #90, there is no documentation of the intention to treat over a short course (4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

AVINZA ER 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS ONGOING MANAGEMENT Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (Morphine Sulfate), Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Avinza (morphine sulfate).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies those controlled, extended and sustained release preparations of Morphine sulphate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Avinza (Morphine Sulfate). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Avinza is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin). Within the medical information available for review, there is documentation of diagnosis of carpal tunnel syndrome, lumbosacral spondylosis, lumbosacral disc degeneration, lumbar post-laminectomy syndrome, and lumbosacral radiculitis. In addition, there is documentation of chronic pain in need of continuous treatment and a plan identifying to start the patient on Avinza. Furthermore, there is documentation of failure of non-opioid analgesics (Naproxen and Neurontin) and short-acting opioid analgesics (Norco). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Avinza ER 30mg #30 is not medically necessary.

DIAZEPAM 5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, lumbosacral spondylosis, lumbosacral disc degeneration, lumbar post-laminectomy

syndrome, and lumbosacral radiculitis. In addition, there is documentation of a plan identifying to start the patient on Diazepam. However, given documentation of the request for Diazepam 5mg #90, there is no documentation of the intention to treat over a short course (4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Diazepam 5mg #90 is not medically necessary.