

Case Number:	CM14-0022455		
Date Assigned:	05/09/2014	Date of Injury:	03/25/2001
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 and is licensed to practice in Texas. 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 53 year old female injured on 03/25/01 due to undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Current diagnoses included muscle spasm, chronic pain, depression, and arthritis. The injured worker complained of chronic pain controlled with long term opiate use. The injured worker reported the use of Avinza times six years with hydrocodone for breakthrough pain. The injured worker reported medications helped her pain and improved her functional status allowing her to perform activities of daily living. The injured worker agreed to attempt to decrease daily dose of hydrocodone. Physical examination dated 02/17/14 indicated decreased mobility, decreased lumbar range of motion, and decreased thoracic range of motion. Prior treatments were not discussed in the clinical documentation provided. Current medications included amitriptyline, atorvastatin, Avinza 90mg 24 hours, diclofenac BID, Norco 7.5-325mg Q six hours, and Zoloft 50mg QD. The initial request for Avinza 90mg/24 hours, one QD, lifetime was initially non-certified on 02/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

AVINZA 90MG/24HR, 1 QD LIFETIME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78,79,80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (morphine sulfate) Page(s): 23.

Decision rationale: As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, 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). Additionally, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications with the intent to taper from opioid medications. The request for a lifetime prescription of Avinza exceeds current guidelines for injured worker and medication reassessment which should occur on a quarterly or biannual basis. At that time, a refill of the medication can be provided if deemed appropriate. As such, the request for Avinza 90mg/24hr, 1 qd lifetime cannot be recommended as medically necessary.