

Case Number:	CM14-0026734		
Date Assigned:	06/13/2014	Date of Injury:	05/26/2004
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 59-year-male who had a work related injury on 05/26/04. He was working as a state elevator inspector, driving a small car, and getting in and out of the car caused his low back pain. He continued to work on a modified schedule through 2009 and then had to stop working because of the increased low back pain. The most recent clinical documentation dated 05/02/14, noted the low back pain was at 3/10, after any kind of physical activity including bending or lifting pain increased to 8/10 or 9/1. It is noted that if the injured worker did not rest it radiated into his bilateral lower extremities at least two to three times a month. There were no imaging studies to review. On physical examination, the injured worker exhibited stiffness and postural guarding in the low back and mild difficulty sitting down and standing up from a chair. The injured worker could walk on toes and heels with some mild difficulty. Lumbosacral flexion was 60 degrees, and extension was 10 degrees. Strength in bilateral lower extremities was rated 5/5, with no giveaway weakness. The diagnosis include chronic low back pain, lumbosacral degenerative disc disease and decondition, depression and anxiety. The request was for Avinza 90mg #30 and Norco 10/325mg #120. (Norco was four times a day, Avinza was once a day, total daily morphine equivalent dose (MED) was 130). In review of the medical records, there was no opiate contract. No mention of any functional improvement or improvement in pain. The request is for Avinza 90mg #30, and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

AVINZA 90MG A DAY, QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Occupational Medicine Practice Guidelines Plus, APG I Plus, 2010, Chapter Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 74-80.

Decision rationale: The clinical documentation submitted for review does not support the request for Avinva 90mg. In review of the medical records, there was no opiate contract. There is documentation of any functional improvement or improvement in pain, no discussion with respect to weaning or change in medication. These same requests were only partially certified several times in the past. As such, the medical necessity had not been established. The request is not certified.

NORCO 10/325MG QUANTITY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Occupational Medicine Practice Guidelines Plus, APG I Plus, 2010, Chapter Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The clinical documentation submitted for review does not support the request for Norco 10/325 mg. In review of the medical records, there was no opiate contract. There is documentation of any functional improvement or improvement in pain, no discussion with respect to weaning or change in medication. These same requests were only partially certified several times in the past. As such, the medical necessity had not been established. The request is not certified.