

Case Number:	CM14-0027289		
Date Assigned:	06/13/2014	Date of Injury:	06/03/1998
Decision Date:	08/04/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 Physician 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 62-year-old male with a 6/31/98 date of injury. At the time (1/15/14) of request for authorization for Avinza 30mg for lumbar spine, there is documentation of subjective (low back pain) and objective (painful lumbar spine range of motion) findings, current diagnoses (chronic low back pain), and treatment to date (medications (including ongoing treatment with Avinza, Aspirin, and Oxycodone)). 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; failure of non-opioid analgesics, short-acting opioid analgesics, and after a trial of generic extended-release morphine (equivalent to MS Contin); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Avinza use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

AVINZA 30MG FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate 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 opioids. The 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. The ODG identifies documentation of failure of non-opioid analgesics, short-acting opioid analgesics, and after a trial of generic extended-release morphine (equivalent to MS Contin), as criteria necessary to support the medical necessity of Avinza. Within the medical information available for review, there is documentation of a diagnosis of chronic low back pain. 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. In addition, given documentation of a treatment plan identifying a concurrent request for refill of Aspirin and Oxycodone, there is no documentation of failure of non-opioid analgesics, short-acting opioid analgesics, and after a trial of generic extended-release morphine (equivalent to MS Contin). Furthermore, given documentation of ongoing treatment with Avinza, there is no documentation 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 as a result of Avinza use to date. Therefore, based on guidelines and a review of the evidence, the request for Avinza 30mg for lumbar spine is not medically necessary.