

<b>Case Number:</b>	CM14-0044017		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/08/1993
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Chiropractic 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:

The injured worker is a 50-year-old female who reported an injury on 07/08/1993 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 03/21/2014 for reports of pain. The exam noted the lumbar spine range of motion was noted to be at 50 degrees for flexion, 20 degrees for extension, 20 degrees for right lateral bending, and 30 degrees for left lateral bending. Tenderness was noted at the sacroiliac joint. The treatment plan included continued medications. The Avinza was noted to ease the patient's pain and quieted the symptoms by over 50%. The request for authorization dated 03/26/2014 was provided. The rationale in the office note noted the medication reduced the patient's pain by 50%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Avinza 60mg every night. #30, for lower back pain, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference; www.RxList.com; Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www.online.epocrats.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-95.

**Decision rationale:** The request for Avinza 60 mg every night, #30, for lower back pain is not medically necessary.. The California MTUS Guidelines may recommend the use of opioids for the ongoing management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of clinical evidence of an objective assessment of the injured worker's risk for aberrant drug use behavior and side effects. Therefore, due to the significant lack of clinical evidence in the documentation provided of an evaluation of the injured worker's risk for aberrant drug use behavior and side effects, the request for Avinza 60 mg every night #30 is not medically necessary.