

Case Number:	CM14-0051205		
Date Assigned:	06/23/2014	Date of Injury:	10/30/2006
Decision Date:	08/05/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational 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:

Patient is a 55 year-old female with date of injury 10/30/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/27/2014, lists subjective complaints as chronic neck pain and pain in left upper extremity radiating to the left side of the neck, shoulder as well as left arm and forearm area. Patient has had multiple procedures done in the past for her back pain. Objective findings: Examination of the cervical spine revealed tenderness in all the dermatomes and all myotomes. There was no tenderness noted in the cervical-facet joints or occipital-cervical junction. Range of motion was decreased in all planes with pain. Muscle strength of bilateral extremities was normal. Diagnosis: 1. Cervical radiculopathy 2. Cervical spondylosis 3. Cervical degenerative disc disease 4. Complex regional pain syndrome of left arm. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 09/05/2013. Medications: 1. Avinza 30mg, #60 SIG: bid 2. Vicoden 5/325mg SIG: one tab po q 6hr prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids/ Steps to Avoid Misuse of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: The patient was provided with a weaning dose of Avinza with a very reasonable schedule due to the high potency of the medication. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Avinza 30mg #60 is not medically necessary.

Vicodin 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: The patient is taking Norco in addition to oral morphine 60 mg per day. As stated above, she has been provided with a weaning dose of the morphine to avoid narcotic withdrawal. The narcotics have provided her with no apparent functional improvement or increased the quality of her life, despite long-term use. Vicodin 5/325mg is not medically necessary.