

Case Number:	CM14-0064864		
Date Assigned:	07/14/2014	Date of Injury:	07/20/2002
Decision Date:	09/10/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/08/2014

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 Emergency 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:

The injured worker is a 48 year-old male, who sustained an injury on July 20, 2002. The mechanism of injury occurred when he jumped out of a truck. Diagnostics have included: March 2013 normal liver and renal function tests; 2002 right knee MRI; 2002 right lower extremity venous ultrasound reported as unremarkable; July 8, 2011 urine drug screen reported as consistent. Treatments have included: medications, knee surgeries, physical therapy. The current diagnosis is : knee pain. The stated purpose of the request for Prospective 1 Avinza 120mg #30 was to provide better control of baseline pain. The request for Prospective 1 Avinza 120mg #30 was modified to one prescription without refill on April 28, 2014, noting that it was appropriate to continue this opiate but without refill to continue monitoring the injured worker's response. The stated purpose of the request for Prospective Norco 10/325 #180 was to provide pain relief to maintain activities of daily living. The request for Prospective Norco 10/325 #180 was modified to one prescription without refill on April 28, 2014, noting that it was appropriate to continue this opiate but without refill to continue monitoring the injured worker's response. Per the report dated April 18, 2014, the treating physician noted complaints of knee pain rated as VAS 4/10 and 10/10, with and without medications, and with medications the injured worker was able to go shopping with the wife and attended gym twice a week. Exam findings included an antalgic gait, lumbar restricted range of motion with tenderness and restricted, painful right knee range of motion. The treating physician also documented a current executed narcotic pain contract and random urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 1 Avinza 120mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Opioid Dosing Page(s): 78-80, 80-82, 86.

Decision rationale: The requested Prospective 1 Avinza 120mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents."The injured worker has knee pain rated as VAS 4/10 and 1010, with and without medications, and with medications the injured worker was able to go shopping with the wife and attended gym twice a week. The treating physician has documented an antalgic gait, lumbar restricted range of motion with tenderness and restricted, painful right knee range of motion. The treating physician also documented a current executed narcotic pain contract and random urine drug screens. However, the most recent urine drug screen noted was July 8, 2011. Further, the opiate load is 210 morphine equivalents, in excess of the 120 morphine equivalents daily recommended opiate maximum dosage. It is guideline-supported to limit the continuance of this opiate to a one month period pending: documentation of objective evidence of continued derived functional improvement; a current urine drug screen result; treating physician commentary on to attempts to wean the total opiate load towards the recommend daily maximum opiate dosage. The criteria noted above not having been met, Prospective 1 Avinza 120mg #30 is not medically necessary.

Prospective 1 Avinza 120mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Opioid Dosing Page(s): 78-80, 80-82, 86.

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treating physician also documented a current executed narcotic pain contract and random urine drug screens. However, the most recent urine drug screen noted was July 8, 2011. Further, the opiate load is 210 morphine equivalents, in excess of the 120 morphine equivalents daily recommended opiate maximum dosage. It is guideline-supported to limit the continuance of this opiate to a one month period pending: documentation of objective evidence of continued derived functional improvement; a current urine drug screen result; treating physician commentary on to attempts to wean the total opiate load towards the recommend daily maximum opiate dosage. The criteria noted above not having been met, Prospective 1 Avinza 120mg #30 is not medically necessary.

Prospective Norco 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Opioid Dosing Page(s): 78-80, 80-82, 86.

Decision rationale: The requested Prospective Norco 10/325 #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has knee pain rated as VAS 4/10 and 10/10, with and without medications, and with medications the injured worker was able to go shopping with the wife and attended gym twice a week. The treating physician has documented an antalgic gait, lumbar restricted range of motion with tenderness and restricted, painful right knee range of motion. The treating physician also documented a current executed narcotic pain contract and random urine drug screens. However, the most recent urine drug screen noted was July 8, 2011. Further, the opiate load is 210 morphine equivalents, in excess of the 120 morphine equivalents daily recommended opiate maximum dosage. It is guideline-supported to limit the continuance of this opiate to a one month period pending: documentation of objective evidence of continued derived functional improvement; a current urine drug screen result; treating physician commentary on to attempts to wean the total opiate load towards the recommend daily maximum opiate dosage. The criteria noted above not having been met, Prospective Norco 10/325 #180 is not medically necessary.