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| Case Number: | CM14-0091869 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 06/13/1997 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 Neurological Surgery 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 64-year-old female who was reportedly injured on June 13, 1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 4, 2014, indicates that there are ongoing complaints of bilateral knee pain and low back pain. Current medications include Frova, Simvastatin, Prilosec, Levothyroxine, Cymbalta, Zofran, Baclofen, Zanaflex, Provigil, Actiq lozenges and Avinza. The physical examination demonstrated decreased sensation about both knees. Diagnostic imaging studies were not reviewed during this visit. A request was made for Actiq lozenges and Avinza and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actiq 80mcg lozenges (qty unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Actiq lozenges are an opioid medication indicated for moderate to severe pain. The California Medical Treatment Utilization Schedule supports short-acting opiates for

the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain however there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Actiq 80mcg lozenges is not medically necessary.

Avinza 120mg (qty unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: The Avinza is a time release morphine indicated for the treatment of moderate to severe pain The California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain however there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Avinza 120mg is not medically necessary.