

<b>Case Number:</b>	CM14-0169902		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	11/18/2004
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 51-Years old male who sustained an industrial injury on 11/18/04. The mechanism of injury was not provided for review. His diagnoses include chronic low back pain, post laminectomy syndrome, and lumbar radiculopathy. He continues to complain of low back pain with constant throbbing and burning which radiates down his right leg to the level of the medial thigh. On physical examination there is tenderness of the thoracic paravertebral muscles, and loss of lumbar lordosis. Range of motion of the lumbar spine was restricted with flexion limited to 30 degrees by pain, extension limited to -10degrees by pain and bilateral lateral bend limited to 20 degrees. Lumbar facet loading was positive. Straight leg raising test was negative. All lower extremity reflexes were equal and symmetric. Treatment in addition to surgery has consisted of medical therapy with Avinza, Norco, Baclofen, Gabapentin, Cymbalta, and Prilosec, and a trial of a spinal cord stimulator. The treating provider has requested Avinza 60mg 1 capsule per day # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 60mg capsule 1 daily #30:** Overturned

**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 MTUS Guidelines 2009 Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Avinza and Norco for breakthrough pain. Per California MTUS Guidelines, Avinza is a long acting very potent analgesic. Short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been documentation of the medication's pain relief effectiveness and clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does appear to have occurred with this patient. The patient has demonstrated compliance with urine drug testing during treatment with long-term use of long and short acting opioid medications. Medical necessity for the requested item has been established. The requested treatment is medically necessary.