

<b>Case Number:</b>	CM15-0001654		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/13/2000
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 62 year old female with an injury date of 06/13/00. As per progress report dated 05/09/13, the patient presents with pain in the back of the neck and bilateral forearms. In a hand-written letter, dated 01/21/15 after the denial date the patient complains of pain, cramping and aching in hands and arms. She also complains of finger ache, not in the joints but in the flesh, especially at the base of bilateral thumbs. The patient also reports pain in the back of her hands and wrists. The patient rates her pain as 9+/10. Medications, as per progress report dated 07/21/14, include Avinza, immediate-release morphine, Nuvigil and Mentherm gel for pain relief. The patient's work status is described as permanent and stationary, as per the same progress report. Diagnoses, 05/19/13:- Encounter long Rx- Myalgia and myositis- Occupational bursitis- spasm of muscle The utilization review determination being challenged 12/24/14. The treatment reports are provided from 02/11/13 & 01/21/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 120mg Qty 120 with 2 Refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (morphine sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain in the back of the neck and bilateral forearms, as per progress report dated 05/09/13. The request is for AVINZA 120 mg QTY 120 WITH 2 REFILLS. Although 10 progress reports from a pain specialist, dated 02/11/13 ? 12/15/14, are provided for review, all the reports deal with the frustrations associated with denial of medications and do not provide any specifics about the patient's medical and surgical history. Progress report dated 07/21/14 states that the patient has been using Avinza, immediate-release morphine, Nuvigil and Mentoderm gel for pain relief. Nonetheless, in a hand-written letter, dated 01/21/15 after the denial date the patient complains of pain, cramping and aching in hands and arms. She also complains of finger ache, not in the joints but in the flesh, especially at the base of bilateral thumbs. The patient also reports pain in the back of her hands and wrists. The patient rates her pain as 9+/10. In the letter, the patient also states that although she does not work in a paid job, she volunteers, teaches local kids, bakes, does most household tasks, and maintains a large garden. The physician's progress report describes her work status as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Avinza is first noted in progress report dated 05/09/13. The patient did receive the medication for some time, exact duration unclear after which the opioid was denied by worker's comp. However, the patient's private insurance is providing the medication, as per progress report dated 07/21/14. In the same report, the treater states that medications provide up to 90% pain relief round the clock. In her personal letter dated 01/21/15, the patient states that Avinza helps reduce pain from 7-8/10 to 2-3/10. In the 07/21/14 report, the treater also states that medications help the patient to remain active functional. She is much more active in doing household chores, socializing with friends, and practicing hobbies. In her letter, the patient states that Avinza allows me to more fully function in our community than previously. She provides a detailed description of all the activities she performs. Both the patient's letter and the treater's progress report dated 07/21/14 claim that side effects are mild. The patient has had three random UDS screens per year which have been consistent with opioid use. The patient has signed an opiate agreement and there is no aberrant behavior as per the same report. MTUS guidelines require a detailed discussion about the four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for continued opioid use. Although the treater does not use a validated instrument to show significant functional improvement and no outcome measures are provided, Avinza does appear to have a significant impact on the patient's pain and function. Hence, this medication IS medically necessary.