

Case Number:	CM15-0002026		
Date Assigned:	01/13/2015	Date of Injury:	04/15/1980
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

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 injured worker is a 61-year-old male with a date of injury of 04/15/1980. The mechanism of injury was lifting. His past treatments have included physical therapy, epidural steroid injections, medial branch blocks, lumbar medial branch ablations. His diagnoses included lumbosacral radiculopathy. His diagnostic studies were not included. His surgical history is not included. The progress report dated 12/01/2014 documented the injured worker had reported continued relief of 50% to 60% following the recent epidural steroid injection. He stated his pain was rated 1/10 presently. On physical exam, the injured worker's lumbar exam included forward flexion of 100 degrees, hyperextension of 20 degrees, right and lateral bend 25 degrees. His medications included Avinza 60 mg CP24, and Celebrex 200 mg. His treatment plan included return to clinic in 1 month, and continue medications. The rationale for the request was pain control. The Request for Authorization form was signed and dated 12/04/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 60 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The request for Avinza 60 mg #30 is medically necessary. The injured worker has a documented urine drug screen that is consistent with his prescriptions, a signed drug contract, CURES database has been reviewed recently and opioid risk scanning questionnaire is completed and on file. The documentation includes a 50% to 60% increase in ability to function with activities of daily living with the pain medication. The California MTUS Guidelines state that there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The documentation submitted for review included pain relief, increase in functional status, documented appropriate medication use, and side effects related to the medication, which were none. As the 4 domains have been met, the request for Avinza 60 mg #30 is medically necessary.