

Case Number:	CM15-0009056		
Date Assigned:	01/27/2015	Date of Injury:	02/24/2004
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old male who suffered a work related injury on 02/24/04. Per the physician notes from 10/30/14, he complains of severe radiation of pain up to the head and muscle spasms. The treatment plan consists of Avinza, Norco, cyclobenzaprine, and sennakot. On 01/06/15, the Claims Administrator non-certified the Avinza, citing MTUS guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 CAPSULES OF AVINZA 60 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines when to continue Page(s): 80.

Decision rationale: No, the request for Avinza, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the

same. Here, the applicant was/is off of work, on total temporary disability. The applicant continued to report pain complaints as high as 7-8/10, despite ongoing Avinza usage. The attending provider's progress notes failed to outline any material improvements in function or quantifiable decrements in pain effected as a result of ongoing Avinza usage. Therefore, the request was not medically necessary.