

Case Number:	CM15-0106193		
Date Assigned:	06/10/2015	Date of Injury:	05/10/2001
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 (IW) is a 66 year old male who sustained an industrial injury on 05/10/2001. The report of the initial injury is not found in the documents received. The injured worker was diagnosed as having lumbar degenerative disc disease; lumbar radiculopathy; cervical degenerative disc disease; and cervical radiculopathy. Treatment to date has included pain medications and treatment with a pain care management specialist. In his 05/14/2015 visit to the pain care specialist, the injured worker complains of chronic low back pain without radicular pain or numbness and tingling in the extremities. He has minimal neck pain. His low back pain is rated a 7/10 with medications, and he complains of an increase in the pain since tapering down on Oxy IR a few months ago. Currently he is taking Avinza 3 tablets daily for sustained pain relief and Oxy IR for breakthrough pain, averaging 3 tablets of Oxy IR daily. When attempting to decrease the Oxy IR to 2 tablets daily, his pain was inadequately controlled. The IW takes Aleve and aspirin for additional pain relief and can bring his pain down with these from a 9.5/10 to a 5-7/10, which is tolerable. He denies excessive sedation, nausea, or vomiting with the Avinza or Percocet. The medications enable him to do a home exercise program and normal activities of daily living. The worker remains in a permanent and stationary disability status. On examination, he does not appear to be over medicated. He appears in mild discomfort. There is mild tenderness about the cervical paraspinal muscles, mild to moderate tenderness over the lumbar paraspinals, o atrophy or edema, 4+/5 strength in the lower extremities with equal and symmetric reflexes. The treatment plan of care includes monitoring compliance, refilling the Oxy IR and the Avinza, giving additional prescriptions for Avinza and Oxy IR to be filled by pharmacist after 06/11/2015 and 07/09/2015, and having the client return to clinic in 8 weeks. A request for authorization is made for Avinza 30mg, 1 tablet in morning and 2 tablets at bedtime #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg, 1 tablet in morning and 2 tablets at bedtime #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Avinza for at least a year without objective documentation of functional improvement or significant decrease in pain. His pain is currently rated as 7/10 while taking three different opioid medications. Although the latest urine drug screen was consistent, there are some inconsistencies in previous urine drug screens. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Avinza 30mg, 1 tablet in morning and 2 tablets at bedtime #90 is determined to not be medically necessary.