

Case Number:	CM15-0166519		
Date Assigned:	09/04/2015	Date of Injury:	08/08/1996
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 8, 1996. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve requests for Avinza and ibuprofen. The claims administrator referenced an RFA form received on July 31, 2015 and an associated progress note of July 29, 2015 in its determination. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant received refills of Avinza and Motrin. 7/10 pain complaints were noted with ongoing usage of a spinal cord stimulator and analgesic medications. 9/10 pain without medications was reported. In another section of the note, it was stated that the applicant's spinal cord stimulator battery was dead. The attending provider stated that the applicant's usage of Motrin and Avinza were ameliorating the applicant's ability to be a youth counselor at a church group. The applicant was off of work and was receiving Social Security Disability Insurance (SSDI) benefits, it was reported. The applicant was using marijuana, it was reported in another section of the note. On July 1, 2015, the applicant reported ongoing complaints of low back pain. The applicant's low back pain had progressively worsened over time, it was reported. 7/10 pain with medications versus 9/10 pain without medications was reported. The attending provider noted 9/10 pain complaints with pain medications alone and 7/10 pain with usage of a spinal cord stimulator. The attending provider contended that the applicant's ability to perform unspecified household chores and volunteer at church had been ameliorated as a result of ongoing medication consumption. Once again, the attending provider acknowledged in the social history section of the note that the applicant was receiving Social

Security Disability Insurance (SSDI) benefits and using marijuana for alleged insomnia. Avinza and morphine were renewed. The attending provider contended that the applicant would be homebound without his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Avinza, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants in whom there is evidence of illicit substance usage. Here, the attending provider reported on July 1, 2015 that the applicant was, in fact, using marijuana, an illicit substance. Discontinuation of opioid therapy with Avinza, thus, represented a more appropriate option than continuation of the same. Therefore, the request was not medically necessary.

Ibuprofen 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for ibuprofen (Motrin), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, ongoing usage of ibuprofen failed to curtail the applicant's dependence on opioid agents such as Avinza, it was acknowledged on July 1, 2015. The applicant continued to report pain complaints as high as 9/10, despite ongoing usage of pain medications. The applicant had failed to return to work, it was acknowledged on July 1, 2015 and was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was reported. All of the

foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.