

<b>Case Number:</b>	CM15-0166756		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/03/1990
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 injured worker is a 59 year old male who sustained an industrial injury on 11-3-90. His initial complaint was feeling a sharp pain in his lower back, more severe on the left side. The injury occurred when driving a heavy piece of equipment. He reported the injury to his supervisor and was told to "go home and rest up". Approximately two days later, he awoke to "an excruciating ridiculous level of pain". He stated, "It was a stabbing pain in my back like I had never felt before in my life". He attempted to self-treat by lying still, applying heating pads, and taking over-the-counter medications. The following day, he presented to the emergency department. X-rays were taken and he was given pain medication. He, eventually, was referred to an orthopedic surgeon, who informed him that he would "probably need surgery". The insurance provider sent him to another orthopedic surgeon, who told him that it was "just a muscle sprain". After a period of rest, he was released back to work. For the next several years, he had a few different jobs. He reported that by the end of 1995, he "just couldn't do the work anymore" due to "too much pain" in the low back, left leg, and left hip. He was referred to another orthopedic surgeon and underwent physical therapy. He was referred on to "other doctors", who concurred that he needed surgery. He underwent lumbar laminectomy and discectomy on 7-11-96. The injured worker reported postoperative complications, in which he "developed a tumor in his left lower back and left upper buttock area". He was referred to an Agreed Medical Examiner, who referred him to another surgeon for a biopsy. Surgery was completed and a "walnut-sized tumor" was removed. He stated it was a "hemangioma lipoma". He went on to have more surgery of his back and postoperative complications developed. He

has undergone a total of four surgeries since September 2000. In 2004, he was referred to pain management and has undergone nerve blocks, radiofrequency procedures and "other pain interventions". In 1991, he began seeing a psychiatrist for feelings of depression. On 7-22-15, he presented to the provider with complaints of increased pain in his lumbar spine and bilateral leg pain. He rated the pain "8-9 out of 10". He reported that the Avinza and Roxicodone "helped him the most". His diagnoses included lumbar radiculopathy, multiple lumbar surgeries, and failed back syndrome of the lumbar spine. The report also indicates that he has "failed all therapies for pain control". The treatment plan was to discontinue the Methadone, as it was denied by insurance providers due to a history of addiction, and start Avinza. Continuation of Roxicodone was recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Avinza 120mg 1 tablet three times daily #90:** 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, Opioids for chronic pain.

**Decision rationale:** The patient presents with low back pain radiating to bilateral buttocks and bilateral groins. The request is for Avinza 120mg 1 tablet three times daily #90. Patient is status post lumbar fusion surgery, date unspecified. Physical examination to the lumbar spine on 03/03/15 revealed tenderness to palpation from L3 to L5 level bilaterally along with parafacet tenderness. Range of motion was noted to be limited. Straight leg raising test was positive on the left at 45 degrees. Per Request For Authorization Form dated 04/07/15, patient's diagnosis include lumbago, lumbar degenerative disc disease, and lumbar radiculopathy. Patient's medications, per Request For Authorization Form dated 07/22/15 include Avinza, Roxicodone, and Neurontin. Patient is permanent and stationary. MTUS Guidelines Criteria for Use of Opioids, 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. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not specifically discuss this request. Review of the medical records provided indicates that the patient has been utilizing Avinza since at least 01/29/15. However, there are no discussions in regards to Avinza's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS results and

CURES are current and consistent with patient's medications, there are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.