

Case Number:	CM15-0167763		
Date Assigned:	09/08/2015	Date of Injury:	02/04/1997
Decision Date:	10/07/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on February 4, 1997. The injured worker has been diagnosed with complex regional pain syndrome of the right upper extremity. Work status was noted to be permanent and stationary. The injured worker was on disability. Current documentation dated July 24, 2015 notes that the injured worker reported right arm pain with a pins and needles sensation in the hands. The pain was rated 6-7 out of 10 with medications. Examination of the right upper extremity revealed swelling and a full active range of motion of the right shoulder, elbow and wrist joints. Strength and sensation in both upper extremities was intact. Subsequent documentation dated 4-7-2015, 5-5-2015 and 6-3-2015 note that the injured workers pain level remains consistent at 6-7 out of 10 with medications. Treatment and evaluation to date has included medications and a urine drug screen (7-24-2015). Current medications include Avinza (prescribed since at least February of 2015), Senna-S and dextroamphetamine. Medications tried and failed include Codeine, Vicodin, Oxycontin, Hytrin, Duragesic patches, Savella and Lyrica. The treating physician's request for authorization dated July 29, 2015 included a request for 2 Avinza (Morphine 24 HR-ER) 120 mg, 1 capsule by mouth daily # 30 with no refills for symptoms related to the right arm. The original utilization review dated August 7, 2015 modified the request to 1 Avinza (Morphine 24 HR-ER) 120 mg, 1 capsule by mouth daily # 30 with no refills for symptoms related to the right arm (original request was for 2 Avinza (Morphine 24 HR-ER) 120 mg, 1 capsule by mouth daily # 30 with no refills) for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Avinza (Morphine 24 HR-ER) 120mg, 1 cap by mouth daily, #30 with no refills:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, opioids such as Morphine (Avinza) are not 1st line for mechanical or compressive etiologies. It has not been studied for long-term use. In this case, however, the claimant has chronic regional pain refractory to multiple opioids and medications. She obtained 40 improvement with Avinza. The continued use of Avinza is medically necessary and appropriate to maintain pain control and allow daily function.