

<b>Case Number:</b>	CM15-0196142		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/03/1994
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Pennsylvania, Ohio, 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:

This injured worker is a 63 year old male who reported an industrial injury on 5-3-1994. His diagnoses, and or impressions, were noted to include: failed back syndrome and low back pain, status-post 3 lumbar surgeries; lumbar degenerative disc disease and changes; opioid tolerance doing well on decreased titration of Avinza from 90 mg to 75 mg per day, and with low opioid risk profile as of Jan., 2014; and self-reported alcohol use disorder with cessation. Recent magnetic imaging studies of the lumbar spine were said to be done on 3-31-2015, and previously on 6-19-1994 & 10-10-1994; lumbar computed tomography on 10-23-1995; lumbar x-rays on 7-20-1994, 10-24-1996 & 2-10-1997; and nerve conduction velocity studies on 7-20-1994. His treatments were noted to include: lumbosacral fusion (11-29-95); lumbosacral inter-body fusion (1-22-96); hardware removal (8-4-97); bilateral lumbar medial branch blocks (11-15-13) effective; left "TFESI" (2-25-14); and medication management with toxicology screenings (2-19-15, 3-25-15, 5-20-15 & 8-26-15). The progress notes of 8-26-2015 reported a chronic pain management visit with reports of: the workman's compensation carrier will only pay for 21-day prescriptions at a time, resulting in shortening his interval to every 6 weeks; continued excellent benefit with 75 mg of long-acting Morphine in the form of Avinza every 24 hours. The objective findings were noted to include that he continued to be as active as he could be with back issues and with Avinza. The physician's request for treatments was noted to include the continuation of Avinza 75 mg, 1 every 24 hours, given a 21 day supply with no refill for 6 weeks. The Request for Authorization, dated 9-3-2015, was noted to include: Avinza 75 mg, 1 every 24 hours, #30-30 days-ongoing. The Utilization Review of 9-24-2015 was noted to non-certify the request for a urine drug screen; and modify the request for Avinza 75 mg, from #30, to #15.

## 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, Section(s): Weaning of Medications.

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

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

**Retrospective request: 1 urine drug screen (DOS 8/26/15):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** MTUS recommends urine drug testing as an option to assess for aberrant behavior. A prior request for urine drug screening was non-certified due to a prior determination that ongoing opioid treatment is not medically necessary other than weaning. However given ongoing reports of pain and apparent challenges in following through with prior weaning recommendations, urine drug testing is supported by MTUS in order to assure compliance with physician prescriptions and rule out other potential drug sources. This request is medically necessary.