

Case Number:	CM15-0200515		
Date Assigned:	10/15/2015	Date of Injury:	06/05/1997
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey

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 62 year old female, who sustained an industrial injury on 6-5-97. The injured worker has complaints of chronic low back pain. The documentation on 5-20-15 noted that Avinza brings her pain level from an 8 out 10 down to 1 out of 10. The documentation on 9-14-15 noted that Avinza brings her pain levels down from about 9 out of 10 down to 6 out of 10 and allows her to stay active for longer periods of time. Magnetic resonance imaging (MRI) from 1997 demonstrated small disk protrusion and degenerative changes at L4-L5 and L3-L4. The diagnoses have included intervertebral disc disorder with myelopathy, unspecified region. The documentation on 9-14-15 noted that the injured worker current medications are listed as Avinza 45mg and 30mg; metformin; simvastatin and coumadin. Toxicology report dated on 1-12-13 noted that the injured worker was on Avinza at that time. The original utilization review (9-29-15) non-certified the request for the following: Avinza 45mg quantity 60 with 1 refill (Do not fill until 10-15-2015) and Avinza 30mg quantity 30 with 1 refill (do not fill until 10-15-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 45mg QTY: 60.00 with 1 refill (Do not fill until 10/15/2015): Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was evidence submitted for functional gains (staying active for longer, grocery shopping, walking, etc.) and pain reduction (9/10 to 6/10 VAS) to recommend continuation of Avinza at the prescribed dose (120 mg daily, from two 45 mg and one 30 mg pill daily). The previous reviewer suggested a refill was not appropriate for approval, but with no explanation to this. The worker was to follow-up two months later and with the refill amount this would run out at the time of this follow-up, which would make it appropriate. I disagree with the previous reviewer and based on the evidence available in the documentation, this request for Avinza 45 mg #60 with 1 refill on 10/15/2015 will be considered medically necessary and appropriate.

Avinza 30mg QTY: 30.00 with 1 refill (do not fill until 10/15/2015): Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was evidence submitted for functional gains (staying active for longer, grocery shopping, walking, etc.) and pain reduction (9/10 to 6/10 VAS) to recommend continuation of Avinza at the prescribed dose (120 mg daily, from two 45 mg and one 30 mg pill daily). The previous reviewer suggested a refill

was not appropriate for approval, but with no explanation to this. The worker was to follow-up two months later and with the refill amount this would run out at the time of this follow-up, which would make it appropriate. I disagree with the previous reviewer and based on the evidence available in the documentation, this request for Avinza 30 mg #30 with 1 refill on 10/15/2015 will be considered medically necessary and appropriate.