MAXIMUS Federal Services

Case Number:	CM15-0033906		
Date Assigned:	02/27/2015	Date of Injury:	06/18/1989
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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 51-year-old female who sustained an industrial injury on 06/18/07. She reports stiffness. Diagnose include post laminectomy syndrome and cervical radiculopathy. Treatments to date include surgery and medications. In a progress note dated 01/26/15 the treating provider recommends the addition of Avinza to her medication regimen, in addition to her other medication, exercise regimen, acupuncture, and psychiatric care. On 02/11/15, Utilization Review non-certified the Avinza, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 60mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic low back and neck pain. The current request is for AVINZA 60MG #180. Request for Authorization RFA is dated 2/6/15. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The Utilization review denied the request stating that the patient maximum morphine equivalent exceeds what is recommended by guidelines and there is prior "poly substance dependence" diagnosis. The treating physician is requesting a new prescription for Avinza as Kadian 360mg has been non-certified. Recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." This request IS NOT medically necessary.