

Case Number:	CM15-0035525		
Date Assigned:	03/04/2015	Date of Injury:	09/08/2011
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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 49 year old female, who sustained an industrial injury on September 8, 2011. The diagnoses have included L4-L5 degenerative disc disease with disc desiccation and mild disc bulging, and lumbar strain with myofascial pain along with left lumbar radiculitis. Treatment to date has included medications. Currently, the injured worker complains of back pain and spasms. The Primary Treating Physician's report dated January 15, 2015, noted tenderness along the lumbar paraspinal muscles, ileolumbar, and sacroiliac regions, with back pain noted with range of motion (ROM). The injured worker was noted to have a mildly antalgic gait. On January 27, 2015, Utilization Review non-certified Avinza 60mg #30 and Norco 10/325mg #90, noting that based on the records provided and the evidence based guidelines, the request was not certified. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Avinza 60mg #30 and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines web based addition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 09/08/2011 and presents with back pain. The request is for AVINZA 60 mg #30. The RFA is dated 02/23/2015, and the patients work status is not known. The patient has been taking this medication as early as 04/29/2014. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, Criteria for use of opioids for Long-term Users of Opioids (6-months or more) 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 Criteria for use of Opioids, ongoing management, also requires documentation of the 4 A's (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. The 04/29/2014 report states that the patient is happy with her medication regimen at this time. She finds the Avinza very helpful. The 07/24/2014 report states that Avinza, Norco, and Norflex are helpful. She utilizes those on a scheduled basis. The 12/08/2014 report states that the patient continues to utilize Avinza and Norco. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There is no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate if the patient is compliant with the medications prescribed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Avinza IS NOT medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Web based Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 09/08/2011 and presents with back pain. The request is for NORCO 10/325 MG #90. The RFA is dated 02/23/2015, and the patients work status is not known. The patient has been taking this medication as early as 04/29/2014. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, Criteria for use of opioids for Long-term users of Opioids (6-months or more) 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 Criteria for use of Opioids, ongoing management, also requires documentation of the 4 A's (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. The 04/29/2014 report states that the patient is happy with her medication regimen at this time. She finds the Avinza very helpful. The 07/24/2014 report states that Avinza, Norco, and Norflex are helpful. She utilizes those on a scheduled basis. The 12/08/2014 report states that the patient continues to utilize Avinza and Norco. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate if the patient is compliant with the medications prescribed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.