

Case Number:	CM15-0048188		
Date Assigned:	03/23/2015	Date of Injury:	05/13/1992
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 54 year old female sustained an industrial injury on 3/2/10. She subsequently reported low back, left and right hip pain. Diagnoses include chronic pain. Diagnostic testing has included MRIs. Treatments to date have included prescription pain medications. The injured worker continues to experience low back pain. A request for Avinza and Hydrocodone Acetaminophen 5/325 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30 mg Qty 28: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids and Medical Treatment Guidelines Page(s): 74-75, 79, 81, 8-9, 23. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the 2 reports dated 03/10/15 by [REDACTED], the patient presents with Chronic lower back and neck pain, migraines and depression. The current request is for AVINZA 30mg QTY 28 Morphine Sulfate. The RFA included is dated 03/10/15. The patient is not working. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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 reports provided for review show that the patient has been prescribed this medication since at least 09/24/14. The 03/10/15 report states that the daily use of Avinza allows the patient, to get up and be more active. The reports also state that her pain is improved with rest, muscle relaxants, and narcotic medications. However, The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. Pain is not routinely assessed through the use of pain scales. No specific ADLs are mentioned to show a significant change with use of this medication. Side effects of medications and control of symptoms is discussed and there is no evidence of adverse behavior. It is noted that the patient passed the 11/04/13 UDS and a new UDS was ordered 03/10/15. There is a signed pain contract dated 11/12/14. In this case, of the 4As Analgesia and ADLs have not been sufficiently documented as required by the MTUS guidelines for long-term use of opioids. Therefore, the request IS NOT medically necessary.

Hydrocodone Acetaminophen 5/325 mg Qty 50: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids and Medical Treatment Guidelines Page(s): 74-75, 79, 81, 91-93, 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the 2 reports dated 03/10/15 by [REDACTED] the patient presents with Chronic lower back and neck pain, migraines and depression. The current request is for HYDROCODONE ACETAMINOPHEN 5/325mg QTY 50. The RFA included is dated 03/10/15. The patient is not working. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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 reports provided for review show that the patient has been prescribed this medication since at least 09/24/14. The 03/10/15 report states that the currently requested medication is used periodically and is needed 3-4 time daily in the winter as the patient must shovel snow often. The reports also state that her pain is improved with rest, muscle relaxants, and narcotic medications. However, The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. Pain is not routinely assessed through the use of

pain scales. Other than shoveling snow no other specific ADLs are mentioned to show a significant change with use of this medication. Side effects of medications and control of symptoms is discussed, and there is no evidence of adverse behavior. It is noted that the patient passed the 11/04/13 UDS and a new UDS was ordered 03/10/15. There is a signed pain contract dated 11/12/14. In this case, of the 4As Analgesia and ADLs have not been sufficiently documented as required by the MTUS guidelines for long-term use of opioids. Therefore, the request IS NOT medically necessary.