

Case Number:	CM15-0054831		
Date Assigned:	03/30/2015	Date of Injury:	05/24/2002
Decision Date:	05/18/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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 52-year-old female who reported injury on 05/24/2002. The mechanism of injury was cumulative trauma. The documentation of 03/27/2015 revealed the injured worker's pain with medications was 5/10. Without medications, it was a 10/10. The medications included Lidoderm 5% patches, Zanaflex 4 mg, Soma 350 mg, Avinza 30 mg, Roxicodone 15 mg, and Avinza 60 mg. The injured worker had movements of the right shoulder that were restricted by pain. The range of motion of the cervical spine was decreased due to pain. The diagnoses included shoulder pain. The treatment plan included a continuation of medications. The injured worker was noted to undergo a urine drug screen, which was consistent and appropriate. The medications decreased the injured worker's pain to tolerable level and optimized her function of activities of daily living and allowed her to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 60mg, Qty.60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The daily morphine equivalent dosing would be 285 mg, which exceeds 120 mg maximum recommended per day. There was a lack of documentation of an objective decrease in pain. The injured worker had objective functional benefit and was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Avinza 60mg, Qty.60 is not medically necessary.

Avinza 30mg, Qty.30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The daily morphine equivalent dosing would be 285 mg, which exceeds 120 mg maximum recommended per day. There was a lack of documentation of an objective decrease in pain. The injured worker had objective functional benefit and was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Avinza 30mg, Qty.30 is not medically necessary. The request as submitted failed to indicate the frequency for the requested medication.

Roxicodone 15mg, Qty.180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates

should not exceed 120 mg oral morphine equivalents per day. The daily morphine equivalent dosing would be 285 mg, which exceeds 120 mg maximum recommended per day. There was a lack of documentation of an objective decrease in pain. The injured worker had objective functional benefit and was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Roxicodone 15mg, Qty.180 is not medically necessary. The request as submitted failed to indicate the frequency for the requested medication.

Zanaflex 4mg, Qty.60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. There was a lack of documentation indicating a necessity for 2 muscle relaxants. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zanaflex 4mg, Qty.60 is not medically necessary.

Soma 350mg, Qty.90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. There was a lack of documentation indicating a necessity for 2 muscle relaxants. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350mg, Qty.90 is not medically necessary. There was a lack of documentation of objective functional benefit.