

<b>Case Number:</b>	CM15-0098006		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/01/2000
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: 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:

This 65 year old female sustained an industrial injury to the back on 8/1/00. Recent treatment included medications. In a PR-2 dated 6/30/14, the physician noted that the injured worker was undergoing chemotherapy for small cell carcinoma. The injured worker reported that Avinza three times a day decreased her pain. In a PR-2 dated 3/9/15, the injured worker complained of constant back pain rated 8/10 on the visual analog scale without medications and 4-5 with medications. The injured worker reported that medications allowed her to get out of bed. Physical exam was remarkable for moderated lumbar spine tenderness to palpation with positive left straight leg raise. The physician noted that the injured worker exhibited no side effects from medications and no aberrant behaviors. Current diagnoses included failed back surgery syndrome and chronic intractable pain. The treatment plan included Avinza 30 mg three times a day and Norco 5/325mg, five per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 30mg three times per day for the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic pain syndrome. This relates back to a work-related injury on 08/01/2000. The medical diagnoses include failed back surgery syndrome with chronic low back pain. This patient is taking two opioid containing drugs: morphine sulfate 90 mg a day and hydrocodone 25 mg a day. The morphine equivalent dose of both together is 115, which is at the ceiling of the recommended daily (MED) dose for patients on multiple opioids. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with is Avinza is not medically indicated.