

Case Number:	CM14-0131248		
Date Assigned:	08/20/2014	Date of Injury:	11/21/2002
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old male who reported an injury on 11/21/2002 secondary to a fall where he hit his head. The injured worker complained of lower back pain, neck pain, numbness and weakness to the left arm and hand, intermittent pain and weakness that radiated down the left lower extremity, and headaches. The diagnoses included chronic pain syndrome; headaches; chronic migraines; lumbosacral spondylosis without myelopathy; degenerative disc disease with radiculitis at the lumbar; stiffness from the cervical spine, mid thoracic spine, and lumbar spine; and cervical spondylosis with myelopathy. The diagnostics included an MRI of the cervical spine in 2004 that revealed a 2 mm central posterior protrusion at the C3-4 and the C4-5. The MRI of the lumbar spine revealed degenerative disc disease at the L4-5. The MRI of the thoracic spine performed in 2004 revealed normal findings. The CT of the head was unremarkable. The carotid ultrasound dated 01/28/2014 revealed velocities in the central carotid arteries without visual evidence of significant stenosis. Previous treatments included medication, chiropractic treatment, injections, and physical therapy. The physical findings dated 09/11/2014 to the cervical spine revealed restricted and painful range of motion. Spurling's sign was positive. The lumbar spine revealed flattening of normal lumbar lordosis. The thoracic spine had tenderness present and trigger points were absent. The straight leg raise was positive bilaterally at approximately 45 degrees. Facet tenderness was nontender bilaterally. Facet loading test was negative bilaterally. The spine extension was very limited with forward flexion to the knees only. Range of motion was full to the extremities. Medications included Tricor, and Sertraline. The treatment plan included Avinta 90 mg. The Request for Authorization dated 07/14/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinta 90mg #20 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral morphine Page(s): 93 & 96.

Decision rationale: The request for Avinta 90 mg #20 with 1 refill is not medically necessary. The California MTUS indicates that morphine sulfate, morphine sulfate ER, CR (Avinza; Kadian; MS Contin; Oramorph SR) generic available, except extended release capsules controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Avinza - morphine sulfate extended release for once daily dosing. The 60 mg, 90 mg and 120 mg capsules are for opioid tolerant patients only. Not recommended as a primary treatment for persistent pain. The use of opioid analgesics for chronic non-cancer pain is controversial. 1 randomized controlled trial found that oral morphine may confer analgesic benefit with a low risk of addiction but is unlikely to yield psychological or functional improvement. The Guidelines do not recommend as a primary treatment for persistent pain. The injured worker had an injury in 2002 that included a fall where he hit his head and has had episodes of blinking for great lengths of time, indicating there may be a neurological deficit. The request did not indicate the frequency. As such, the request is not medically necessary.