

Case Number:	CM14-0160619		
Date Assigned:	10/03/2014	Date of Injury:	06/27/1991
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 48-year-old male with a reported date of injury of 06/27/1991. The mechanism of injury was not listed in the records. The diagnoses included lumbar degenerative disc disease, lower back pain syndrome, and SI joint dysfunction. The past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging studies provided for review. The surgical history included a lumbar fusion. The subjective complaints on 09/05/2014 included low back pain that was rated at 6/10. The physical exam findings noted tenderness over the lumbar paraspinal muscles, particularly over the left side, and marked tenderness over the sacroiliac joints. It was also noted the injured worker had decreased sensation in the left fifth distribution. The medications consisted of Avinza 90 mg, Avinza 75 mg, Norco 10/325, Soma 350, Toradol IM, Lorazepam, and Advil. The treatment plan was to continue medications and refill them. The request was received for 1 prescription for Avinza 75 mg twice a day, Avinza 90 mg once a day, and Norco 10/325. The rationale for the request was to relieve the injured worker's pain. The Request for Authorization form was not provided within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Avinza 75mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The California MTUS Guidelines state 4 domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic back pain. The notes indicate that the injured worker has been on Avinza since at least 09/05/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen submitted to assess for aberrant behavior. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior the request is not supported. As such, the request is not medically necessary.

1 prescription for Avinza 90mg once a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The request for 1 prescription for Avinza 90mg once a day #30 is not medically necessary. The California MTUS Guidelines state 4 domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic back pain. The notes indicate that the injured worker has been on Avinza since at least 09/05/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen submitted to assess for aberrant behavior. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior the request is not supported. As such, the request is not medically necessary.

1 prescription for Norco 10/325mg PRN #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines state 4 domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic back pain. The notes indicate that the injured worker has been on Norco since at least 09/05/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen submitted to assess for aberrant behavior. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior the request is not supported. As such, the request is not medically necessary.