

Case Number:	CM14-0092624		
Date Assigned:	07/25/2014	Date of Injury:	02/17/1998
Decision Date:	10/21/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/19/2014

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 53-year-old male who reported an injury on 02/17/1998. The mechanism of injury was not provided. The injured worker's medication history included Avinza 30 mg capsules, Lidoderm 5% patches, and Norco 10/325 mg, as of 01/2013. The injured worker was noted to be monitored through urine drug screens. Prior therapies included a home exercise program, and a TENS unit. The surgical history was not provided. The documentation of 05/29/2014 revealed the injured worker's pain without medications was a 5/10, and with medications was a 3/10. The injured worker was utilizing Avinza and Norco to help him increase his activity, relative to how much the injured worker was able to do without medication. The injured worker indicated that the Lidoderm allowed the injured worker to reduce his pain and increase his functional status. The injured worker indicated he was able to continue to clean home and walk for exercise with the medications. The documentation indicated the injured worker underwent a MRI of the lumbar spine without contrast on 10/12/2009. The physical examination revealed range of motion was restricted with flexion limited to 80 degrees by pain and extension limited to 15 degrees by pain. There was no spinal process tenderness noted. The lumbar facet loading was negative bilaterally. The ankle jerk was 1/4 bilaterally. There was tenderness over the sacroiliac spine. The diagnoses included thoracic and lumbar degenerative disc disease and hip bursitis. The treatment plan included a continuation of Avinza and Norco. The documentation of 06/19/2014 revealed the efficacy of opioid therapy had clearly been illustrated. The documentation indicated that there were no side effects and that there was tolerance of the medications. Urine drug screens were consistent and the physician opined the injured worker should not be weaned from the medication. There was a Request for Authorization submitted for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg #60 I refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Ongoing management Page(s): , page 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2013. The above criteria was documented and, as such, the request would be supported. However, there was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Avinza 30mg #60 I refill is not medically necessary.