

Case Number:	CM14-0219179		
Date Assigned:	01/09/2015	Date of Injury:	06/17/1995
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 46 year old female, who sustained an industrial injury on June 17, 1995. The injured worker has reported a long history of back problems. The diagnoses have included bilateral sacroiliac joint dysfunction, fusion of L3 to the sacrum, and flat back syndrome. Treatment to date has included a microdiscectomy in 1996, lumbar decompression in 1997, I3-S1 anterior/posterior fusion in 1999, posterior triple fusion 2003, hardware removal 2000, sacroiliac joint injections, neuroplastic technique tips, and oral medications. Currently, the injured worker complains of low back, mid back, and left leg pain. The injured worker noted numbness and tingling in the left lower extremity and generalized weakness. A Physician's visit dated December 1, 2014, noted the injured worker suffering from a terrible pain disorder, with the injured worker profoundly depressed with the worsening pain. The Physician noted the impression as terror of further painful surgeries or opioid reduction, with the plan to continue the medications to relieve the effects of the work injury, unable to reduce the opioids as she is in severe pain, much greater than the usual levels. On December 9, 2014, Utilization Review modified the request for Avinza 120mg #60 per month times three months to approval for Avinza 50mg #45, noting the injured worker was on very high doses of opioids which could not be justified by functional and quantified benefit. Medical necessity had not been proven, therefore the Hydromorphone would be certified, and wean the Avinza, with recommendation for the treating physician to start weaning the long acting opioids. The MTUS Guidelines were cited. Utilization review authorized the requests for Hydromorphone 8mg #450 per month times three months, and Voltaren 50mg three times a day #90 per month times three months. On

December 31, 2014, the injured worker submitted an application for IMR for review of Avinza 120mg #60 per month times three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 120mg #60 per month x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Avinza (morphine sulfate) 120 mg #60 for 3 months is not medically necessary. Morphine is recommended for a trial after failure of non-opiate analgesics, short acting opiate analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin). Avinza is a brand of modified release morphine sulfate. There is a black box warning that patients must not consume alcohol that this drug. Consumption of alcohol may in in the rapid release and absorption of a potentially fatal dose of morphine. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are sacroiliac joint dysfunction bilaterally; fusion at L3 to the sacrum; and flatback syndrome. The medical record documentation consisted of bullet points for the history and physical examination. Subjectively, the injured worker's primary complaint is low back, mid back and left leg pain. There were no objective medical findings in the December 1, 2014 progress note. Medications include Avinza 120 mg, Dilaudid 8 mg, Vistaril 25 mg, baclofen 10 mg, Dexilant, Lunesta, and Provigil. There is no clinical rationale for the use of two narcotics, Dilaudid and Avinza. The physician states the CURES report and urine drug screens were consistent. However, there were no reports available for review. There were no urine drug screens in the medical record. There was no documentation with evidence of objective functional improvement with the ongoing opiate use. Additionally, the earliest progress note in the medical record was dated August 15, 2014. The documentation is not clear as to how long the injured worker and/or treating physician has been prescribing opiates. The date of injury is June 17, 1995. Consequently, absent clinical documentation to support the ongoing use of Avinza in conjunction with Dilaudid with objective functional improvement associated with long-term use, Avinza (morphine sulfate) 120 mg #60 (per month) for 3 months is not medically necessary.