

Case Number:	CM15-0018564		
Date Assigned:	02/06/2015	Date of Injury:	10/24/2005
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/30/2015

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: Physical Medicine & Rehabilitation

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 57-year-old female with an industrial injury dated 10/24/2005. She presents on 10/09/2014 with low back pain and bilateral groin pain that extends into the anterior thighs and down both legs to the level of the feet. She also complains of shoulder pain. Physical exam reveals diffuse tenderness at lumbar 1-sacral 1 with 1 plus muscle spasms. Lumbar spine range of motion shows flexion at 10 degrees, extension at 5 degrees, right lateral flexion at 5 degrees and left lateral flexion at 5 degrees. She rates her pain as 6/10 with medication and 10/10 without medication. She notes approximately 40% improvement in pain and functional capabilities with current medications. Without medication, she states she is confined to a chair or bed. The provider documents the injured worker displays no drug seeking behavior and is utilizing her medications appropriately. "She has signed an opioid agreement and show evidence of compliance with medication usage on her urine drug screening." Prior treatment includes lumbar 3-4 laminectomy and fusion and right shoulder surgery. She has previously undergone psychiatric treatment. Diagnoses were increasing low back and lower extremity pain, status post lumbar laminectomy and fusion from lumbar 3-5 with residual low back pain and bilateral lower extremity radicular symptoms, cervical spine sprain/strain, status post right shoulder surgery, left shoulder rotator cuff impingement syndrome with probably partial thickness rotator cuff tear and history of elevated liver enzymes. On 01/12/2015 the request for Avinza 30 mg twice daily # 60 for baseline pain relief was partially certified to Avinza 30 mg once daily by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg BID# 60, baseline pain relief: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 01/02/15 progress report provided by treating physician, the patient presents with shoulder pain, low back pain, bilateral groin pain that extends into the anterior thighs and down both legs to the feet, and numbness and tingling to both lower extremities. The request is for AVINZA 30MG BID #60, BASELINE PAIN RELIEF. Patient's diagnosis per Request for Authorization form dated 01/07/15 included lumbar postlaminectomy syndrome, lumbago, neck sprain/strain, and neuralgia neuritis/ radiculitis. Patient's medications include Avinza, Opana, Wellbutrin, Amitiza, Trazodone and Omeprazole. Patient reports pain rated 6-7/10 with, and 10/10 without medications. Patient notes 30-40% improvement in her pain symptoms as well as 40% improvement in her functional ability to perform routine activities of daily living, continue her walking and exercise program, and better help around the house. Without medication, she states she is confined to a chair or bed. The patient displays no drug seeking behavior, and is utilizing her medications appropriately. She has signed an opioid agreement. Per treater report dated 01/02/15, toxicology report on 10/09/14 revealed results were consistent with the patient's prescribed medications. Patient's work status is not available. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. UR letter dated 01/12/15 states "The request for Avinza 30mg BID #60 is modified to once a day #30 as medically necessary and appropriate." Avinza has been included in treater reports dated 12/18/13 and 01/02/15. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Therefore, the request IS medically necessary.