

Case Number:	CM15-0019188		
Date Assigned:	02/09/2015	Date of Injury:	09/14/1987
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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, 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 64 year old male who sustained an industrial injury on September 14, 1987. He has reported pain in the bilateral legs, bilateral low back, and left ankle/foot and has been diagnosed with back pain, lumbar with radiculopathy bilateral, spinal stenosis lumbar, syndrome postlaminectomy, lumbar, and bursitis of the shoulder. Treatment has included surgery, medications, and physical therapy. Currently the injured worker complains of pain in the bilateral legs, bilateral low back, and left ankle/foot that is made worse with activity. The treatment plan included medications. On January 21, 2015 Utilization Review modified Percocet 10/325 # 240 and denied Avinza 120 mg # 60 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 and 78.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #240 is not medically necessary. 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, increased 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 back pain, lumbar with radiculopathy bilateral; spinal stenosis lumbar; post laminectomy syndrome lumbar area: depression; insomnia; sexual dysfunction; and bursitis shoulder. The documentation indicates the injured worker was taking Percocet and Avinza (morphine sulfate); however, there was no documentation of substantial pain relief or objective functional improvement. Additionally, there were no urine toxicology screenings nor was there an endgame for opiate treatment. There is no documentation of a physician attempt to wean Percocet. Utilization review documentation indicates on September 16, 2014 Avinza 120 mg #60 with modifying #30 weaning purposes and Percocet 10/325 mg #240 was authorized. Consequently, absent clinical documentation with substantial pain relief and objective functional improvement and weaning criteria requested by the utilization physician but not implemented, Percocet 10/325#240 is not medically necessary.

Avinza 120mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Avinza (Morphine sulfate) 120mg #60 is not medically necessary. 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, increased 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 back pain, lumbar with radiculopathy bilateral; spinal stenosis lumbar; post laminectomy syndrome lumbar area: depression; insomnia; sexual dysfunction; and bursitis shoulder. The documentation indicates the injured worker was taking Percocet and Avinza (morphine sulfate); however, there was no documentation of substantial pain relief or objective functional improvement. Additionally, there were no urine toxicology screenings nor was there an endgame for opiate treatment. There was no physician attempt (infra) to wean the patient off Avinza). Utilization review documentation indicates on September 16, 2014 Avinza

120 mg #60 was modified to #30 for weaning purposes. Consequently, absent clinical documentation with substantial pain relief and objective functional improvement and weaning criteria (for Avinza) requested by the utilization physician but not implemented, Avinza 120mg #60 is not medically necessary.