

Case Number:	CM15-0113899		
Date Assigned:	06/22/2015	Date of Injury:	05/01/2007
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 30-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 1, 2007. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve request for Avinza and Norco. The claims administrator referenced an April 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note provided was dated October 17, 2014; thus, the more recent 2015 progress notes on which the claims administrator based its determination upon were not seemingly incorporated into the IMR packet. On October 30, 2014, the applicant reported 9/10 low back pain with continued complained of lower extremity paresthesias. The applicant acknowledged that activities of daily living as basic as standing and walking remained problematic but stated that she was able to perform some light household chores with the medications. The applicant was using Zolof and Klonopin for her derivative complaints of depression and anxiety, it was reported. Avinza, Norco, Klonopin, Zolof, Topamax, Desyrel, and Lyrica were endorsed. A 20-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The applicant was using a cane to move about, it was reported. On September 4, 2014, the same, unchanged, 20-pound lifting limitation was renewed. Once again, Avinza, tizanidine, Topamax, Norco, Prilosec, Ambien, Klonopin, and Zolof were renewed. 9/10 pain complaints were noted. The applicant acknowledged that she was unable to go back to work owing to her persistent pain complaints. In an earlier progress note dated August 13, 2014,

it was acknowledged that the applicant was currently not working and considered herself disabled. Avinza and Desyrel were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Avinza, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was suggested on multiple progress notes of late 2014, referenced above. The applicant continued to report severe pain complaints, in the 9/10 range, despite ongoing Avinza usage. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was using a cane to move about on a day-to-day basis, it was acknowledged. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Avinza. Therefore, the request was not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work. The applicant considered herself disabled, it was reported on August 13, 2014. A 20-pound lifting limitation was renewed, unchanged, from visit to visit. The applicant continued to report pain complaints in the 9/10, severe range. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was using a cane to move about on a day-to-day basis, the treating provider reported. All of the foregoing, taken together did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.