MAXIMUS Federal Services

Case Number:	CM15-0122814		
Date Assigned:	07/07/2015	Date of Injury:	10/11/2006
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 10/11/2006. The injured worker was diagnosed with cervical sprain with multi-level disc disease, lumbosacral sprain with degenerative disc disease and radiculopathy, right shoulder impingement syndrome, internal derangement of the left knee and chronic pain syndrome. The injured worker is status post decompression, labral repair and modified Mumford procedure in January 2010, left knee arthroscopy with synovectomy, chondroplasty, removal of loose bodies, Grade III chondromalacia in October 2010 and right finger release for stenosing tenosynovitis (no date documented). Treatment to date has included diagnostic testing with recent electrodiagnostic studies on May 22, 2015, surgery, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, neck pillow, wrist braces, hot/cold wraps and medications. According to the primary treating physician's progress report on April 9, 2015 the injured worker continues to experience increasing neck, left shoulder and lower back pain. The injured worker also reports headaches. Examination demonstrated tenderness along the left shoulder, across the rotator cuff and biceps tendon with full range of motion. There was negative impingement and Hawkins signs on the left. Current medications are listed as Norco 10/325mg, Avinza 60mg, Zanaflex, Gabapentin, Nalfon and Protonix. Treatment plan consists of a low back brace, left knee magnetic resonance imaging (MRI), standing X-rays (AP and laterals) and the current request for a transcutaneous electrical nerve stimulation unit, four leads with conductive garment purchase and Avinza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Avinza is a long-acting opioid, and highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. There is clear evidence and documentation form the patient's file of a continuous need for Avinza. The patient has been using Norco and Avinza without evidence of positive functional improvement. The patient still have severe pain. Therefore the prescription of Avinza 60mg #90 is not medically necessary.

Transcutaneous electrical nerve stimulation unit four leads with conductive garment purchase for undetermined body parts to include neck, shoulders, low back and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is

planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of the patient's pain. Therefore, the prescription of TENS unit four leads with conductive garment purchase for undetermined body parts to include neck, shoulders, low back and left knee is not medically necessary.