

<b>Case Number:</b>	CM15-0122850		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	08/16/1997
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 injured worker is a 55-year-old male, who sustained an industrial injury on 8/16/1997. He reported losing his balance and falling from a ladder. Diagnoses have included lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease and radiculopathy. Treatment to date has included radiofrequency ablation, physical therapy and medication. According to the progress report dated 5/18/2015, the injured worker complained of low back pain. He described his pain as constant with intermittent flare ups. He rated his worst pain as 9/10 and his average pain as 6/10. He was able to perform all of his activities of daily living with his current medications. Current medications included Avinza, Oxycodone and Senokot. Physical exam revealed an antalgic gait. Tenderness was noted in the right and left paravertebral regions at the L4-L5 and L5-S1 levels. Lumbar range of motion was painful. Urine drug screens were noted to be consistent. Authorization was requested for Avinza.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 90mg, #56:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80, 86.

**Decision rationale:** MTUS Guidelines allow for high opioid (greater than 120 MEDs) dosing under narrow circumstances. These circumstances include consultation/treatment by a pain specialist along with demonstrated tolerance and clear benefits from the high dosing. These conditions are met in this individual. The prescribing physician is a chronic pain specialist and the functional benefits of the high dosing is well documented. Also, the lack of aberrant drug related behaviors is clearly documented. Under these circumstances, the Avinza 90mg #56 is supported by Guidelines and is medically necessary.