

Case Number:	CM15-0124078		
Date Assigned:	07/08/2015	Date of Injury:	06/04/1993
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 71-year-old female who sustained an industrial injury on 06/04/1993. Diagnoses include cervical degenerative disc disease; other kyphoscoliosis and scoliosis; carpal tunnel syndrome; chronic pain syndrome; lumbar degenerative disc disease; low back pain; thoracic spine pain; neck pain; and reflex sympathetic dystrophy, other. Treatment to date has included medications, assistance with activities of daily living and wheelchair use. According to the progress notes dated 5/6/15, the IW reported she was unable to lift her right arm above her head. She also reported muscle spasms that were so severe, she fell from her chair, toilet or sofa; this caused a right shoulder injury. The notes did not indicate the location of the muscle spasms. On examination, there was diffuse tenderness over the back with severe kyphoscoliosis. Leg strength was equal bilaterally and a compression bandage was on the right leg; a compression stocking was on the left leg. Right sitting straight leg raise caused right knee pain. The right hip was tender to palpation. Notes dated 3/12/15 stated the IW fell asleep in her wheelchair for hours at a time, even while eating. Poor positioning, hunched over, was causing added stress to her spine and increasing her pain. A request was made for Avinza 60mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 60 mg Qty 30, take 1 tablet daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1993 and continues to be treated for chronic pain. Medications have included Percocet and Avinza. When seen, she was having severe muscle spasms and was unable to elevate her right arm above her head. Physical examination findings included severe type of scoliosis and diffuse tenderness. There was right knee pain with straight leg raising. There was right hip tenderness. She was wearing bilateral compression stockings. Avinza and Percocet were refilled as a total MED (morphine equivalent dose) of over 200 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life even at this dose. Continued prescribing was not medically necessary.