

Case Number:	CM15-0124494		
Date Assigned:	07/09/2015	Date of Injury:	11/05/2009
Decision Date:	09/09/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 53 year old male, who sustained an industrial injury on 11/05/2009. He has reported subsequent low back, knee and hip pain and was diagnosed with lumbago, knee pain, hip/pelvic pain and trochanteric bursitis. Treatment to date has included medication. Documentation shows that the injured worker was prescribed Avinza since at least 05/06/2013. In a progress note dated 08/08/2013, the injured worker complained of low back pain, hip pain and sciatica. Pain was rated as 3/10. Objective findings were notable for painful, unsteady and antalgic gait, glenohumeral joint tenderness, joint tenderness of the right knee, decreased flexion and pain with flexion of the right lower extremity with weakness, tenderness of the lumbar spinous processes, facet joints, bilateral paralumbar areas and anxiety. The injured worker's pain medications were noted to decrease pain and improve function and to help the injured worker perform activities of daily living, however there were no further details provided. Work status was not documented. A retrospective request for authorization of Avinza 90 mg #30 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 90mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (morphine sulfate), Long-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, Morphine sulfate ER (Avinza) is an opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 05/06/2013 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. There was no documentation of the least reported pain, average pain or the duration of pain relief. There was no documentation of a change in work status and although there was documentation of an improvement with performance of activities of daily living, no specifics were given with regards to the improvements seen. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Avinza is not medically necessary.