

Case Number:	CM15-0148180		
Date Assigned:	08/11/2015	Date of Injury:	11/08/2001
Decision Date:	10/15/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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: Physical Medicine & Rehabilitation

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 41 year old male who sustained an industrial injury on 11-08-2001. He reported injury to his neck and back. Treatment to date has included medications, epidural injections, physical therapy, trigger point injections and medial branch blocks. According to a progress report dated 04-20-2015, the injured worker reported insomnia over the last month but was back to normal. He reported numbness from his thighs to his feet at times. He decreased Soma from 120 to 90 per month. He reported that he did not run out of Norco or Soma by the end of the month. He did not take his pain medications unless he needed them and took very few and times and more at times as needed. He could not afford Skelaxin and stated that Baclofen did not help. He was willing to try Flexeril as long as it was paid for by Worker's Compensation. Medical illnesses included low back pain and migraines. Assessment included chronic low back pain. Prescriptions were given for Flexeril, Norco and Avinza. He was to return for a follow up in 1 month. On 05-20-2015, the injured worker reported side effects of dry mouth from Flexeril. He wore a back brace every day while driving and his back was most painful while sitting. He also reported having poison oak on his forearms. Assessment included chronic lower back pain and poison oak. The treatment plan included Prednisone. He was to remain off work permanently. He was to return as needed. Authorization requests dated 07-08-2015 were submitted for review. Requested services included Avinza, Morphine Sulfate ER and Flexeril. Currently under review is the request for Avinza 90 mg #30 and Morphine sulfate ER (extended release) 90 mg #30.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with chronic lower back pain. The request is for AVINZA 90MG #30. The request for authorization is dated 07/08/15. Physical examination of the back reveals normal lordotic curve. Full range of motion. Holds back without stiffness since the epidural. tender L4-L5 interspace. No paraspinous muscle tenderness, spasm extending to the SI joints. SLE 80 right, 80 degrees left. Decreased sensation to light touch. He wears a back brace every day while driving and his back is most painful while sitting. He complains of dry mouth due to the new medication, Flexeril. Patient's work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. Patient has been prescribed Avinza since at least 12/08/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Avinza significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Avinza. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No USD, CURES, and opioid contract were provided for review. Additionally, the patient is also prescribed Morphine Sulfate ER 90MG, and MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Furthermore, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the

most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.

Morphine sulfate ER (extended release) 90mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with chronic lower back pain. The request is for MORPHINE SULFATE ER (EXTENDED RELEASE) 90MG #30. The request for authorization is dated 07/08/15. Physical examination of the back reveals normal lordotic curve. Full range of motion. Holds back without stiffness since the epidural. Tender L4-L5 interspace. No paraspinous muscle tenderness, spasm extending to the SI joints. SLE 80 right, 80 degrees left. Decreased sensation to light touch. He wears a back brace every day while driving and his back is most painful while sitting. He complains of dry mouth due to the new medication, Flexeril. Patient's work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. Patient has been prescribed Morphine Sulfate since at least 11/13/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Morphine Sulfate significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Morphine Sulfate. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No USD, CURES, and opioid contract were provided for review. Additionally, the patient is also prescribed Avinza 90MG, and MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Furthermore, long-term use of opiates may be indicated for nociceptive pain as it

is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.