

Case Number:	CM15-0072012		
Date Assigned:	04/22/2015	Date of Injury:	08/16/1997
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 54-year-old male, who sustained an industrial injury on 8/16/97. The injured worker has complaints of low back pain. The diagnoses have included lumbosacral spondylosis without myelopathy; degenerative disc disease, lumbar and radiculopathy. Treatment to date has included physical therapy; independent home exercises; robaxin; ambien; baclofen; avinza; oxycodone and senokot. The request was for avinza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 120mg quantity 56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97; 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Avinza (Morphine) is not indicated for 1st line treatment of nerve root pain. In this case, the claimant was on Avinza (120 mg) in combination with Oxycodone (60 mg daily). The maximum recommended dose of morphine equivalent

recommended by the guidelines is 120 mg. In addition, the claimant had been on opioids for over 6 months (Oxycodone) with the recent need for Morphine indicating the development of tolerance to medications with persistent pain from 6-8/10. The continued use of Avinza as prescribed is not medically necessary.