

<b>Case Number:</b>	CM14-0185862		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/21/2004
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 yr. old female claimant sustained a work injury on April 21, 2004 the low back. She was diagnosed with lumbosacral spondylosis and piriformis syndrome. She had been on Avinza for pain since at least in May 2014. Progress note on November 13, 2014 indicated the claimant had persistent back pain. Her pain level was 5/10. Exam findings were notable for para lumbar tenderness. Range of motion was restricted. Straight leg raise testing was positive on the left side. The claimant was continued on her Avinza 90 mg at night and Hydrocodone 10 mg BID for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 90mg ER #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Avinza and opioids Page(s): 23 , 82-92.

**Decision rationale:** Avinza is modified release of Morphine. The claimant had been on Avinza and hydrocodone for pain control. There was some improvement in pain scale overtime in the prior months. The claimant had been on the maximum morphine equivalent dose per day when

combining Avinza with hydrocodone. The claimant had been on opioid analgesics for an extended period of time. There was no controlled substance agreement or urine screens in place. There was no documentation of failure of first-line medication such as Tylenol or NSAIDs. Continued use of the Avinza is not medically necessary