

<b>Case Number:</b>	CM14-0029427		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/11/1991
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Internal Medicine and Pulmonary Diseases 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:

The patient's date of birth and mechanism of injury were not provided; however, the date of injury was 04/11/1991. The documentation submitted for review did not provide the patient's subjective complaints as well as objective findings and medication regimen. Also, drug screen(s) were not included. The diagnosis, however, is mononeuritis leg nos.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORTAB 7.5/325MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 75.

**Decision rationale:** The CA MTUS Guidelines state Short-acting opioids: also known as normal release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of shortacting agents due to their adverse effects. The duration of action is generally 3-4 hours. The request for 1 prescription of Lortab 7.5/325 mg #180 is non-certified.

The California MTUS Guidelines do recommend the medication for pain control but the documentation failed to include clinical information to support the request. As such, the request is not medically necessary.

**AVINZA 30MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 23.

**Decision rationale:** The CA MTUS Guidelines state Avinza capsules are a brand of modified release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. The request for 1 prescription of Avinza 30 mg is non-certified. The California MTUS Guidelines do recommend the medication for pain control but the documentation failed to include clinical information to support the request. The request is not medically necessary.