

Case Number:	CM14-0100699		
Date Assigned:	09/16/2014	Date of Injury:	09/10/1998
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 is a 55-year-old female who sustained a work related injury on 9/10/1998 as a result of lifting a briefcase from the back of her car when she felt immediate pain in her back. Since the date of initial injury, she complained of lower back pain. She would undergo a lumbar laminectomy, but developed lumbar post-laminectomy syndrome afterward and became opioid dependent. On her most recent PR-2's she complains of lower back pain that ranges from 4-8/10, that is constant in presentation with associated left lower extremity weakness, numbness and tingling. Per the PR-2 dated 01/08/2014 her physical examinations is documented as the following: "Patient is a 54 year old female; General appearance: Healthy-appearing, well nourished, and well developed. Level of distress: No acute distress." On the PR-2 dated 2/28/2014, "Physical Examination: None recorded. Per the PR-2 dated 04/07/2014, the physical exam is documented, as "The patient is a 54 year old female She was ambulatory. Her mood was stable, her gait was stable, she remains with significant loss of lumbar range of motion with multiple myofascial trigger points and tender points in the lumbar paraspinal muscles." Last, per the PR-2 dated 06/09/2014, the following is documented for her physical examination: "Patient is a 55 year old female. She was ambulatory. Her emotion was upset. She was anxious. She was depressed." As part of the treatment plan, it is documented on this date the following: "I had a long talk with the patient about continued wean of her medications in total citing that the continued use of polysubstance was not her long term benefit." In dispute is a decision for Zohydro ER 40mg #60 and Lorazepam 1 Mg #60 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , Criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75,88,91. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.zogenix.com/content/products/zohydro.htm>

Decision rationale: Zohydro ER is an opioid agonist, extended-release, oral formulation of hydrocodone bitartrate indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve Zohydro ER for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. Zohydro ER is not indicated for use as an as-needed (prn) analgesic. Opioid Classifications: Long-acting opioids: Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Oxycodone with acetaminophen is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The patient has been given ample time to wean from her opioid use. The request is not medically necessary.

Lorazepam 1 Mg #60 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines

Decision rationale: Benzodiazepines are Not Recommended as first-line medications by ODG. A criterion for use includes: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for

ongoing use as well as documentation of efficacy. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines such as Temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The request is not medically necessary.