MAXIMUS Federal Services

Case Number:	CM14-0107789		
Date Assigned:	09/16/2014	Date of Injury:	11/06/1986
Decision Date:	10/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 60-year-old male who reported an injury on 11/06/1986. The mechanism of injury was not provided. The injured worker is diagnosed with low back pain and depression/ anxiety. The injured worker's past treatments include medications. On the clinical note, dated 06/02/2014, the injured worker complained of persistent neck and low back pain rated 8/10. On the clinical note, dated 05/05/2014, the injured worker had diminished range of motion of the lumbar spine, good strength in upper and lower extremities, and normal gait and stance. The medical records indicate Motrin causes GI upset. The medical records indicate a urine drug screen was performed on 06/02/2014, but the results were not provided. The injured worker's medications include Valium 5 mg, twice a day; alprazolam 0.5 mg, twice a day; Norco 10/325 mg, 6 times a day; Zohydro ER 40 mg, twice a day. The request was for Zohydro ER 40 mg #60 3 refills. The rationale for the request is the injured worker did not tolerate Opana ER. The Request for Authorization was submitted for review on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 40mg #60, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT, Page(s): 78..

Decision rationale: TThe injured worker is diagnosed with low back pain and depression/anxiety. The injured worker complains of persistent neck and low back pain rated 8/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend that opioids for chronic back pain be limited for short term pain relief, not greater than 16 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker failed to have significant objective functional improvement with the Opana ER. There is a lack of documentation that indicates the injured worker has decreased functional deficits. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Documentation did not include the results from the recent urine drug screen or documentation of side effects. Additionally, the request does not indicate the frequency of the medication. As such, the request for Zohydro ER 40mg #60, 3 refills is not medically necessary.