

Case Number:	CM14-0107945		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2005
Decision Date:	10/24/2014	UR Denial Date:	06/27/2014
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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 08/01/2005. The date of the initial utilization review under appeal is 06/27/2014. Treating diagnoses include repetitive motion syndrome affecting both hands and the neck. On 06/10/2014, the patient was seen in physiatry followup regarding pain due to a failed cervical fusion at multiple levels with chronic musculoskeletal pain and ongoing opioid management as well as a sleep disorder, anxiety, and depression worsened by chronic pain. The patient reported that activities of daily living continued to remain limited by chronic pain. The patient remained unable to shower due to pain. She could tolerate cooking up to 10 minutes. She could shop for groceries for 15 minutes and could lean on a cart or sit for 30 minutes. The treating physician noted that a detox program for opioid medications had been requested previously although denied. The treating physician recommended continuing the patient's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 15mg/tab #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines: Hydrocodone (Zohydro ER, Zogenix Inc)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids ongoing management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids ongoing management, page 78, discusses the 4 A's of opioid management emphasizing functional improvement as a means of titrating opioid management. The medical records at this time do not meet the 4 A's of opioid management. The patient appears to receive minimal, if any, functional benefit from opioid treatment. It is unclear if the patient is receiving an overall improvement or decline in function from such treatment. Overall, the medical records do not establish a clinical basis or rationale to support a benefit from ongoing opioid treatment. This request is not medically necessary.