

<b>Case Number:</b>	CM14-0124514		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/15/1991
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 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 injured worker is a 65 year old male who reported an injury to his low back. A clinical note dated 03/26/12 indicated the injured worker complaining of low back pain radiating to the left shoulder left leg. The injured worker was prescribed the use of Norco for pain relief at that time. A clinical note dated 03/18/13 indicated the injured worker rating low back pain 7/10 on the visual analog scale. Pain was also identified in the right shoulder. The injured worker continued with Norco. Clinical note dated 09/18/13 indicated the injured worker complaining of low back pain rated 3-6/10 on the visual analog scale. Clinical note dated 06/18/14 indicated the injured worker continuing with Norco to address low back complaints. Utilization review dated 07/17/14 resulted in denial for Zohydro as no objective data was submitted of response to this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zohydro ER Capsule 10 Mg #180:** 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 Opioids, criteria for use Page(s): 77.

**Decision rationale:** Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.