

Case Number:	CM14-0143678		
Date Assigned:	09/15/2014	Date of Injury:	05/11/1994
Decision Date:	11/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/04/2014

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 Texas and 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 patient is a 72-year-old female who was injured on 5/11/1994. The diagnoses are low back pain, scoliosis and lumbar stenosis. There are associated diagnoses of depression and anxiety. The MRI of the lumbar spine showed central spinal stenosis, degenerative disc disease, facet hypertrophy, and neural foraminal stenosis. A treating physician notes 40-50% reduction in pain following lumbar spine injection. On 7/28/2014, the UDS (urine drug screen) was noted to be consistent with prescribed medication. The medications listed are Kadian, Morphine Sulfate suppository, Celebrex, Nucynta and Norco for pain, Valium and Xanax for anxiety, and Zanaflex for muscle spasm. The patient is also utilizing a topical cream containing Amitriptyline/ Dextromethorphan/ Tramadol. A Utilization Review determination was rendered on 8/5/2014 recommending non-certification for Zohydro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro 40mg #60 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-96 and 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the ODG recommend that opioids can be utilized for the treatment of exacerbations and for maintenance treatment of musculoskeletal pain that did not respond to standard treatment with NSAIDs (non-steroidal anti-inflammatory drugs), co-analgesics, and physical therapy (PT). The chronic use of high dose opioids is associated with the development of tolerance, opioid-induced hyperalgesia, dependency, addiction, sedation and adverse interactions with other sedatives. The records indicate that this elder lady is utilizing high doses of multiple opioids and other sedatives. It was stated that the reason for the request for Zohydro was to decrease the dose of Norco. The patient will benefit from opioid rotation and total dose reduction, not just substituting Zohydro for Norco. The criteria for the use of Zohydro 40mg #60 were not met.