

<b>Case Number:</b>	CM14-0150132		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 48-year-old male who reported a cumulative trauma injury on 11/22/2011. Current diagnoses include bilateral wrist pain, status post carpal tunnel release bilaterally, chronic knee pain with osteoarthritis, status post right knee arthroscopy, chronic left knee pain, bilateral feet and ankle pain, lumbar degenerative disc disease with radiculitis, neck pain, and right shoulder pain. Previous conservative treatment is noted to include medications, bracing, and injections. The injured worker was evaluated on 09/18/2014 with complaints of persistent pain over multiple areas of the body. The injured worker was recently issued authorization for physical therapy for the cervical spine. The current medication regimen includes Cymbalta, ibuprofen, gabapentin, omeprazole, and Exalgo. Physical examination revealed no acute distress, normal upper extremity strength, decreased sensation in the left hand, tenderness over the cervical paraspinals and facet joints, reduced cervical range of motion, tenderness to palpation over the right shoulder, decreased range of motion of the right shoulder, and an antalgic gait. Treatment recommendations at that time included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zohydro ER #30:** 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 Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker is currently utilizing multiple opioid medications. Current prescriptions listed on the requesting date include Percocet, Exalgo, and Zohydro ER. The medical necessity for additional opioid medication has not been established. There is also no strength or frequency listed in the request. As such, the request is not medically appropriate.