

Case Number:	CM14-0152089		
Date Assigned:	09/22/2014	Date of Injury:	01/06/2012
Decision Date:	10/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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, 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:

09/04/2014 progress report stated the patient complains of bilateral knee and low back pain, with moderate to severe intensity. The pain was aggravated by activities of daily living with no other associated signs or symptoms. Treatment history includes cortisone injections, PT bilateral knees, and Orthovisc injections for the left knee. On physical examination, there is limited range of motion in the thoracolumbar spine, however the knees range of motions was within normal range. He is able to ambulate with no problems. No sensory or motor deficits were discussed. Present medications include Gabapentin, Hydromorphone, Ibuprofen, Mirtazapine, Tizanidine, Triamterene and Zohydro. No documentation of UDS was noted in the medical reports. PT report dated 06/13/2014 stated that the patient responded well to 6 sessions of PT with decrease in pain and dysfunction by 70%.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOXYDRO 10MG: Overturned

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 Page(s): 79-81.

Decision rationale: Medical necessity is established for the requested Zohydro. CA MTUS requires documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This request previously obtained an adverse determination as there was lack of documentation regarding failed trials of other opioids, other than Butrans. The 9/4/14 Progress note described failure of Norco 10/325, as there was insufficient pain relief; as well as Butrans patch, which led to a rash but did help with pain. It is noted that the patient only takes 2 Zohydro a day, which is efficacious. In addition, it appears that as Zohydro is more efficacious, it was increased to 20 mg bid and hydrocodone/APAP was decreased to one tablet qid, in order to shift emphasis from short acting pain medications to longer acting pain medication. Furthermore, there was documentation of opioid risk status, and patient education. Medical necessity is established. However, with additional requests there should be more thorough evaluation of compliance. Recommend certification.