

Case Number:	CM14-0153702		
Date Assigned:	09/23/2014	Date of Injury:	05/02/2008
Decision Date:	11/26/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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:

This is a female patient with a date of injury of May 2, 2008. A utilization review determination dated August 21, 2014 recommends non-certification of Zohydro ER 20mg #60. A progress note dated June 17, 2014 identifies subjective complaints of ongoing pain in the lower back, bilateral shoulder pain, right arm pain, and neck pain. The pain radiates from her neck to the back and to her shoulders. The patient describes her pain as being dull, aching, sharp, stabbing, burning, gnawing, stinging, shooting, nagging, severe, throbbing, and radiating. She rates her pain as an 8 on a scale of 0 to 10. The patient reports 20-40% relief with medications. Physical examination identifies limited range of motion of the cervical spine and bilateral shoulders, tenderness to palpation in the cervical spine at C 6-C 7, and upper trapezius. The diagnoses include rotator cuff syndrome, bursitis, cervical radiculopathy, chronic pain syndrome, and disk displacement without myelopathy. The treatment plan recommends prescriptions for morphine sulfate ER 50 mg b.i.d., oxycodone 30 mg every 4 to 6 hours for pain #60, and gabapentin 100 mg three capsules tid #270. Morphine sulfate ER 10 mg and 30 mg were discontinued. The treatment plan also recommends a functional restoration program. A urine drug screen collected on July 3, 2014 was consistent for morphine, hydromorphone, oxycodone, noroxycodone, oxymorphone, gabapentin, duloxetine, and alpha-hydroxyalprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Zohydro ER 20mg #60, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is noted that the patient is currently taking morphine sulfate ER 50 mg b.i.d. and oxycodone 30 mg every 4 to 6 hours for pain #60. Additionally, there is no documentation of functional improvement from these medications. As such, there is no clear indication for use of Zohydro as the patient is already using a long acting and short acting opioid. In light of the above issues, the currently requested Zohydro ER 20mg #60 is not medically necessary.