

Case Number:	CM14-0171233		
Date Assigned:	10/23/2014	Date of Injury:	12/03/2012
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Medicine and is licensed to practice in 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 47-year-old male who was injured on 12/03/2012 while lifting and pushing a large rack. As of 09/28/2014 this patient has the following diagnoses listed in his current active problem list: "Lumbar discogenic pain syndrome, Left lumbar radiculitis, Myofascial pain, Lumbar degenerative disc disease, chronic pain syndrome, and shoulder pain." A 3/08/13 EMG showed bilateral S1 radiculopathy. A 4/24/14 MRI showed a L4/L5 disk herniation. A 6/16/2014 MRI showed tendinosis of the supraspinatus and infraspinatus tendons without full thickness tear. This patient has had the following treatment modalities: Lumbar epidural steroid injection, right shoulder cortisone injection, left SI selective ESI, physical therapy, chiropractor therapy, and medications. He does have a pain management contract and did pass his most recent drug screen. He is not employed and is on temporary total disability. According to the documentation provided the patient has not been able to go back to work since 12/5/2012. His most recent physical exam on 9/30/14 revealed tenderness over the lumbar paraspinals with myofascial restrictions, 5/5 bilateral lower extremity strength, intact sensation, and slightly diminished at left L5. Increased pain with lumbar flexion and extension was noted. A refill was requested for this patient's Zohydro ER and Norco. A utilization review physician did not certify the renewal of this patient's narcotic medications. Likewise, an independent medical review has been requested to determine the medical necessity of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 capsules of Zohydro extended Release 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 guidelines, Zohydro.

Decision rationale: The medication Zohydro is not specifically addressed in the California MTUS Guidelines. It is however specifically addressed in the ODG (Official Disability Guidelines,) and it is specifically not recommended. The 2014 ODG guidelines state that Zohydro is, "Not recommended. See Hydrocodone. Zohydro ER (Zogenix Inc.) is the first single entity extended release (ER) formulation of Hydrocodone released by the FDA; unlike Vicodin, Lortab, and Norco it is not buffered by acetaminophen or some other OTC medication. Each pill will be very potent, but Zohydro does not have abuse deterrent technology. According to the FDA, Zohydro ER should be reserved for use in patients for whom alternative treatment options are ineffective. FDA's Drug Advisory Committee of independent experts voted 11 to 2 to recommend against approval of Zohydro for the treatment of moderate to severe chronic pain because of the potential for abuse of this drug. Zohydro is not recommended as a first line drug in ODG." This patient has moderate to severe chronic pain, and should not have Zohydro used as a first line drug per the ODG. Likewise, this request for Zohydro ER is not medically necessary.

120 tablets of Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria for use of opioids

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." This patient has not returned to work. According to documentation provided the patient has not been able to go back to work since 12/5/2012, and is listed as "TTP" (Temporary Total Disability) for employment status on one office note. He does report decreased pain with his medications, but did also state that pain was worse than on his prior visit. Improved functioning with his pain medications was noted as evidenced by improvement in his ability to perform ADL's (Activities of Daily Living.) Likewise, this patient's case does not meet California MTUS guidelines for continuation of opiate therapy, and the requested 120 tablets of Norco 10/325 mg are not medically necessary.