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| Case Number: | CM14-0176708 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 03/31/2001 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 10/17/2014 |
| Priority: | Standard | Application Received: | 10/24/2014 |

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 Occupational Medicine and is licensed to practice in Iowa. 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 53 year-old female with a date of injury of 3/31/2001. A review of the medical documentation indicates that the patient is undergoing treatment for chronic bilateral shoulder pain. Subjective complaints (10/7/2014) include bilateral shoulder pain of 6/10 severity and limitation in activities of daily living. Objective findings (10/7/2014) include tenderness to palpation of bilateral shoulders, including taught bands at trigger points eliciting radiating pain posterior to neck; decreased cervical range of motion; and positive impingement and Hawkin's test. Diagnoses include bilateral rotator cuff tears, cervical degenerative disc, and radicular shoulder pain. Imaging studies were not available for review. The patient has previously undergone medication therapy, use of a TENS unit, and trigger point injections; and has also undergone multiple surgeries for the bilateral rotator cuff tears. A utilization review dated 10/17/2014 did not certify the request for Zohydro Hydrocodone ER 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro Hydrocodone Extended Release 10mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Updated 10/02/2014) Zohydro

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96; 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: Hydrocodone is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. MTUS states that "extended-release" opioids are high potent, but can potentially stabilize medication levels and provide around-the-clock analgesia. ODG does not recommend the use of opioids for musculoskeletal except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. The treating physician has provided rationale reporting the decrease in pain over time and the increase in activities of daily living and work status while on the medication. The treating physician adheres to the 4 A's of ongoing treatment, and the patient has an opioid contract. The patient does continue to have pain on the medication, but it does appear to have improved. Although the long-term use of opioids for primarily musculoskeletal pain is questionable, the treating physician does appear to have taken all necessary steps to document improvement and monitor the patient. The UR stated that there was no reasoning for use of this medication (extended release) over other opioids, but the records do state that this is a more tolerable regimen for the patient that has improved sleep and allowed her to work. Therefore, I am reversing the prior UR decision, and the request for Zohydro Hydrocodone Extended Release 10 mg #60 is medically necessary.