

Case Number:	CM14-0180291		
Date Assigned:	11/04/2014	Date of Injury:	08/01/2005
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/30/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck pain, headaches, anxiety, depression, and sleep apnea reportedly associated with an industrial injury of August 1, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; opioid therapy; earlier cervical spine surgery; unspecified amounts of acupuncture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a request for Zohydro extended release. It was not clearly stated whether the request was a first-time request for a renewal request. In an April 15, 2014 progress note, the applicant reported ongoing complaints of neck pain status post earlier cervical fusion surgery. The applicant was using a variety of analgesic and adjuvant medications, including Zohydro, Norco, topical compounds, and ranitidine. It was stated that Zohydro was/or had been introduced to provide longer analgesic coverage. The applicant was having difficulty showering secondary to pain and was only able to shop and/or cook for 10-15 minutes at a time. The applicant's work status was not clearly stated on this occasion, although it did not appear that the applicant was working. In a follow-up note dated November 3, 2014, the applicant reported ongoing complaints of neck pain status post failed cervical fusion surgery. The applicant was using Zohydro, Norco, several topical compounds, and ranitidine. The applicant's neck pain and headaches were described as frequent. The applicant was asked to continue acupuncture. The applicant's work status, once again, was not clearly stated. In an October 7, 2014 progress note, the applicant was again described as having ongoing complaints of neck pain, anxiety, depression, and chronic myofascial pain syndrome. The applicant was using Zohydro and Norco, it was acknowledged. The applicant stated that Zohydro was reducing the applicant's severity of pain to some extent. This was not quantified, however. The applicant was still having difficulty performing activities

of daily living as basic as folding clothes and showering. The attending provider then stated, somewhat incongruously, that Zohydro had proven beneficial. Multiple medications were renewed. The applicant's work status was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro Hydrocodone Extended Release 15 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zohydro

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request in question does represent a renewal request for the same. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is seemingly off of work. While the attending provider did report on some occasions, referenced above, that ongoing medication consumption had reduced the applicant's pain complaints, this was not quantified and is outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Zohydro usage. The applicant has difficulty performing activities of daily living as basic as folding clothes, showering, grocery shopping, and cooking, taken together, do not make a compelling case for continuation of opioid therapy with Zohydro. Therefore, the request is not medically necessary.