

Case Number:	CM14-0036900		
Date Assigned:	06/25/2014	Date of Injury:	01/22/2009
Decision Date:	08/11/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 33-year-old male with a 1/22/09 date of injury, and status post posterior instrumentation and fusion C1-C2. At the time (3/17/14) of request for authorization for Zohydro 20mg #30, there is documentation of subjective pain, rated 7/10, characterized as sharp, throbbing, burning, aching and pins and needles. Objective findings were noted to include tenderness to palpitation of the cervical spine and decreased range of motion. The injured worker's current diagnoses include postlaminectomy syndrome, cervical region, myalgia/myositis unspecified, spinal enthesopathy, and cervical spondylosis. Treatment to date includes medications, including ongoing treatment with Norco and ibuprofen with improvement in function. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and that alternative treatment options are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FDA Package Inserts, Long-acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hydrocodone.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. ODG identifies documentation of patients for whom alternative treatment options are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain, as criteria necessary to support the medical necessity of Zohydro. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome, cervical region, myalgia/myositis unspecified, spinal enthesopathy, and cervical spondylosis. However, there is no documentation provided that indicates guideline criteria have been met. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.