

<b>Case Number:</b>	CM14-0053060		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Tennessee. 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 46-year-old female with a date of injury of 12/18/10. The mechanism of injury was not noted. On 4/9/14, she complained of low back pain radiating down the left leg and right thigh. She was at the 4/9/14 appointment for a routine medication refill because her Zohydro (hydrocodone extend release) prescription was not authorized. She continues with Norco but states it causes her to stay up at night. Her pain is constant, and increased by working, decreased by medication and rest. On exam, there was decreased range of motion in the back. There was an inconsistent urine drug screen on 4/9/14. The diagnostic impression is lumbalgia, chronic pain syndrome, and depression. Treatment to date includes: medication management, physical therapy. A UR decision dated 4/1/14, denied the request for Zohydro (hydrocodone extend release) 15mg because this medication is not supported by guidelines. There is also no documentation of failed trials of supported pain medications on formulary guidelines. In addition, although the patient has been taking prescribed opioids for some time, submitted documentation does not provide evidence of a signed pain contract, risk assessment, attempts at weaning and tapering, or a current urine drug screen as required by guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOHYDRO 15MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. On 4/9/14, the urine drug screen results showed inconsistent medication usage. There is no documentation of a CURES Report or an opiate pain contract. In addition, the UR review noted that she was hospitalized for psychiatric evaluation due to suicidal ideation, and in 2011, overdosed on Oxycodone. In addition, Zohydro is not supported by guidelines. Therefore, the request for Zohydro 15mg #60 is not medically necessary.