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| Case Number: | CM14-0092029 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 02/25/2008 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 chronic low back pain reportedly associated with an industrial injury of February 25, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents; opioid therapy; and adjuvant medications. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for Flector, approved a request for Lamictal, approved a request for Wellbutrin, approved a request for Colace, approved a request for Norco, approved a request for Ritalin, and denied a request for Zohydro. The applicant's attorney subsequently appealed. In a November 19, 2013 progress note, the applicant was described as having multifocal pain complaints. The applicant was apparently having issues with opioid dependence. The attending provider suggested that the applicant taper off of opioid drugs. The applicant's attorney subsequently appealed. In a February 26, 2014 progress note, the applicant reported persistent complaints of neck pain, mid back pain, low back pain, anxiety, depression, and muscle spasm. The applicant was apparently using Norco, Nucynta extended release, Wellbutrin, Ritalin, and Colace. The note was very difficult to follow and did not employ standard SOAP format. On March 12, 2014, the applicant stated that ongoing usage of Ritalin, Nucynta, Wellbutrin, Lamictal, Norco, Voltaren gel, MiraLax, Nuvigil, and Lidocaine were all helpful. It was suggested that the applicant was attending Alcoholics Anonymous. On April 8, 2014, Norco 10/325 was continued. Zohydro was apparently sought via a request for authorization form dated May 20, 2014 and a progress note dated May 13, 2014. The note, again, was extremely difficult to follow but did suggest that the applicant was deriving some analgesia from the medications at issue and the applicant's ability to shop, do laundry, and make her bed was reportedly improved. The applicant did not appear to be working, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section Page(s): 112.

Decision rationale: Flector is a derivative of diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/diclofenac/Flector has not been evaluated for treatment involving the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which diclofenac/Voltaren/Flector has not been evaluated. No rationale for selection and/or ongoing usage of this particular agent in the face of the tepid-to-unfavorable MTUS position on the same was proffered. Therefore, the request is not medically necessary.

Zohydro 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zohydro Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Zohydro usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA) states that Zohydro usage should be reserved for applicants in whom alternative treatment options such as immediate-release opioids are ineffective, not tolerated, or would otherwise be inadequate to provide sufficient management of pain. In this case, the attending provider has not outlined why as-needed usage of Norco is inadequate here. The attending provider's progress notes, furthermore, did suggest that the applicant was using and tolerating Nucynta at one point, further obviating the need for extended-release Zohydro. No rationale for selection of Zohydro in a manner seemingly at odds with the FDA label was proffered. Therefore, the request is not medically necessary.