

Case Number:	CM14-0093360		
Date Assigned:	07/25/2014	Date of Injury:	12/10/2008
Decision Date:	09/26/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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:

The injured worker is a 57 year old female injured on 12/10/08. Mechanism of injury was tripping over carpet and landing on her outstretched hand and twisted, causing her to fall on her right hip and right knee. Diagnoses include right shoulder rotator cuff tear/bursitis/AC arthrosis status post repair/SAD/DCR, right elbow osteoarthritis, right knee MMT/chondromalacia/osteoarthritis, and left knee meniscus tear. Additional diagnoses include status post lumbar fusion, severe degenerative disc disease of L5-S1 with severe foraminal stenosis, multi-level cervical degenerative disc disease with stenosis, and history of fatty liver with elevated liver enzymes. The clinical note dated 05/07/14 indicated the injured worker presented complaining of pain in the right shoulder, right knee, and right elbow. The injured worker reported right shoulder pain increasing with time and affecting activities of daily living. The injured worker rated the pain at 4-6/10 increasing with activities. The injured worker reported steroid injection at previous visit on 04/02/14 did not provide relief, 10 visits of postoperative chiropractic physiotherapy with increased pain. The injured worker reported right elbow pain rated at 4-5/10 with walking and pain with extension. The injured worker reported weakness in the arm and difficulty lifting. The injured worker received Cortisone injection on 12/06/13 for the elbow with approximately 80% relief for 2 weeks. The injured worker wears soft elbow protection brace due to pain with pressure on the elbow. The injured worker rated right knee pain at 5-6/10 with reported throbbing on the medial side and buckling on a daily basis. The injured worker reported a Cortisone injection performed on 04/02/14 provided minimal relief. Medications included Flexeril, Norco, Librax, and multiple other medications to address medical conditions. The injured worker received steroid injection to the right elbow. Additional documentation on 05/07/14 indicated the injured worker has a history of fatty liver

disease with most recent lab values performed in November of 2013. The documentation also indicated the injured worker utilizing Voltaren gel for pain management purposes. Treatment plan included limit use of Norco and transition to Zohydro 10mg to treat pain and prevent further damage to the liver. The initial request for Zohydro ER cap 10mg, quantity 30 and right elbow steroid injection was initially non-certified on 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER Cap 10mg, qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 78-81, 91.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zohydro.

Decision rationale: As noted in Official Disability Guidelines - Online version, Zohydro is not recommended as a first line treatment option due to lack of buffering by acetaminophen. It is this reason the provider has requested the use of Zohydro. The documentation indicated the injured worker has a history of elevated liver enzymes with current diagnosis of fatty liver disease. The use of acetaminophen is contraindicated in patients with liver and renal failure. As such, the request for Zohydro ER Cap 10mg, QTY 30 is medically necessary.

Right elbow steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, 12th Edition, Elbow (Acute & Chronic) (updated 05/15/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow disorders, Clinical Measures, Injection Therapy, Corticosteroid injection (electronically sited).

Decision rationale: As noted in current California MTUS, corticosteroid injections are recommended if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks. The injured worker received Cortisone injection on 12/06/13 for the elbow with approximately 80% relief for 2 weeks. There was no documentation of functional improvement or other measurement of pain relief as a result of injection therapy. There is no indication the injured worker has undergone further conservative therapy prior to additional injections. As such, the request for right elbow steroid injection is not medically necessary.