

<b>Case Number:</b>	CM14-0194637		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 41 yo male who sustained an industrial injury on 05/06/2014. The mechanism of injury was not provided for review. His diagnosis is low back pain, lumbago, and myalgia. He continues to complain of back pain. On physical exam he has tenderness in the lumbar paraspinal muscles. Motor and sensory exams are normal. Treatment has consisted of medical therapy, physical therapy, and a lumbar epidural steroid injection. The treating provider has requested Zohydro ER 20mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zohydro ER 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Zohydro ER for pain control. Zohydro ER is an opioid agonist, extended-release, oral formulation of hydrocodone bitartrate indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative

treatment options are inadequate. Per California MTUS Guidelines, long-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used with short-acting opioids for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of a long-acting acting opioid medication. Medical necessity for Zohydro ER has not been established. The requested treatment is not medically necessary.