

Case Number:	CM14-0197117		
Date Assigned:	12/05/2014	Date of Injury:	07/14/1997
Decision Date:	01/16/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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:

This case is a 56 year old male with a date of injury on 7/14/1997. A review of the medical records indicate that the patient has been undergoing treatment for lumbar degenerative disc, lumbar radiculitis, and lumbalgia. Subjective complaints (11/6/2014) include back pain which has worsen since last visit, 7-8/10 pain scale. Objective findings (11/6/2014) include no distress, looked uncomfortable, decreased lumbar range of motion, and tenderness to palpation to lumbar. Treatment has included Zohydro ER and norco. A utilization review dated 11/20/2014 partially certified for Zohydro ER 20mg #50 (original request was for #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zohydro ER 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: Zohydro is a brand name version of Hydrocodone. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to

exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Per the medical records, Zohydro is prescribed to replace Norco and eventually Ryzolt. Given that Zohydro is a new medicine, a prescription for #60 (30 days) would be considered excessive for a trial. Additionally, the treatment notes do not document substantial improvement with the various pain medications attempted. The original request was modified to #50, which is an appropriate length of time to determine initial effectiveness. As such, the question for 1 prescription of Zohydro ER 20mg #60 is not medically necessary.