

Case Number:	CM14-0199545		
Date Assigned:	12/19/2014	Date of Injury:	05/04/2013
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Acupuncture & Pain 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:

Injured worker is a 63 year old male with date of injury 5/4/2013. Date of the UR decision was 11/19/2014. He encountered acute lumbar strain with sciatica, right hip abductor strain, right thigh contusion when he attempted to move a 6-foot-long table during some sort of setup for an event. He underwent conservative treatment, medication treatment, epidural steroid injection and surgical treatment in form of hemilaminectomy and decompression of L3-L4 and L2-L3. He complained of low back pain that was present constantly and was radiating down the posterolateral portion of the right lower extremity to around the knee. Physical examination revealed presence of flattened lumbar lordosis, spasm and guarding at the base of the lumbar spine. Flexion was limited around 40 degrees, extension 10 degrees, straight leg raise was positive on the right at around 50 degrees. Reflexes were 1+ and equal at the patellar and Achilles region. No motor deficits were determined in regard to thigh flexion, leg flexion-extension, ankle dorsi and plantar flexion. He was prescribed Morphine Sulfate ER 15 Mg Tablet one tablet every 12 hours since Zohydro was not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 73, 68.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and in the documentation available for review, it is noted that short-acting hydrocodone is thought to worsen depression. The use of Zohydro, a long acting hydrocodone, was purported to be to optimize weaning from opiates. It was not made clear why opiate weaning would be easier with a long acting formulation. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. In fact, the only mention of such screening indicates that a UDS was negative for prescribed opiates. Medical necessity cannot be affirmed.