

<b>Case Number:</b>	CM14-0200690		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine Rehab, has a subspecialty in 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:

The injured worker is a 56 year-old male with an original date of injury on November 7, 2013. The mechanism of injury was slipping and falling on to his buttock and left arm in trying to prevent the fall. The industrially related diagnoses are cervical strain/sprain, left rotator cuff tendonitis, lower back pain, thoracic pain, lumbar disc degeneration, lumbar disc displacement/rupture, lumbar facet arthropathy, and lumbar radiculopathy. An MRI of cervical spine on August 15, 2014 revealed moderate central stenosis at C5-6, neuroforaminal narrowing at C4-5 and C5-6, severe loss of disc height at C5-6, and mild loss of disc space at C6-C7. A MRI of the lumbar spine on December 18, 2013 showed multiple levels of degenerative disc disease, moderate left L5-S1 foraminal stenosis, mild L4-L5 facet degenerative disease, and severe L2-3 facet degenerative disease. The patient has undergone bilateral health L4-L5 transforaminal epidural steroid injection on October 17, 2014. The medications the patient was taking to date include Norco, lorazepam, Xanax, Ambien, Zohydro, Aleve, and Zoloft. The ordering provider has requested Zohydro extended-release 30 mg twice daily, and continue Norco for breakthrough pain. The disputed issues the request for Zohydro extended-release 30 mg quantity 60 tablets. Utilization review on November 18, 2014 has non-certified this request. The rationale for denying was the patient had complaints of lower back pain with bilateral lower extremity pain, however, it appears that the patient is being treated for lower back pain and bilateral extremity pain by multiple doctors, and receiving opioid medication from multiple providers. The guidelines contraindicate receiving prescription in from multiple providers. Therefore, the medical necessity of this medication is not substantiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zohydro ER 30 MG #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): 75-80.

**Decision rationale:** Regarding the request for Zohydro, Chronic Pain Medical Treatment Guidelines state that hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. On a progress note dated on 9/14/2014, the provider indicated the patient is taking 8 tablets of Norco a day for months. During that same visit, pain contract was discussed and a urine drug screen was ordered. The urine drug screen submitted showed patient has been compliant with medications. It is also noted the patient saw at least 4 different providers for follow up during the span from 6/2014 to 10/2014 with Norco refills. Within the documentation available for review, there is no indication that the medication is improving the patient's function, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.