

Case Number:	CM14-0201748		
Date Assigned:	12/12/2014	Date of Injury:	02/25/2002
Decision Date:	01/31/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 60 year old male who was injured at work on 02/25/2002. During a 10/21/2014 visit, the injured worker is reported to have complained that his pain had increased from 6/10 to 8/10 due to the denial of oxymorphone. He has lumbar pain with radicular pain, pain in the left and right knees. He had been using Celebrex, but recently he developed stomach pain. The physical examination revealed sciatic notch tenderness bilaterally with focal tenderness over the facet, worse on the right with provocative test; the lumbar range of motion was decreased. There was paraspinal muscle spasms in the lumbar area, and spasms in the legs. There was weakness, sensory, vibratory and thermal deficit in the lower limbs. He wore a brace in the left knee where he had a previous surgery. His gait was abnormal. The worker has been diagnosed of multilevel lumbago with bilateral radiculopathy, status post spinal cord stimulator implantation, sacroiliac joint and facet arthropathy, myofascial syndrome, sleep disturbance and reactive depression and anxiety, left knee arthropathy status post-surgery with anterior ligament repair, and recent fall and right knee injury trauma. Treatments have included oxycodone, oxymorphone, Celebrex, flector patch. At dispute is the request for 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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 (hydrocodone).

Decision rationale: The injured worker sustained a work related injury on 02/25/2002. The medical records provided indicate the diagnosis of multilevel lumbago with bilateral radiculopathy, status post spinal cord stimulator implantation, sacroiliac joint and facet arthropathy, myofascial syndrome, sleep disturbance and reactive depression and anxiety, left knee arthropathy status post-surgery with anterior ligament repair, and recent fall and right knee injury trauma. Treatments have included oxycodone, Oxymorphone, Celebrex, Flector patch. The medical records provided for review do not indicate a medical necessity for Zohydro ER 20mg #60. The MTUS is silent on this, but the Official Disability Guidelines recommends against it. Unlike Vicodin, Lortab and Norco, which contain acetaminophen or some other medication with abuse-deterrent property, Zohydro is a single entity opioid reserved for patients for whom alternative treatment options are ineffective. It is not recommended as a first line, and it has high abuse potential. Therefore, the requested treatment is not medically necessary and appropriate.