

Case Number:	CM15-0130107		
Date Assigned:	07/16/2015	Date of Injury:	12/09/1992
Decision Date:	09/22/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female who sustained an industrial injury on 12/9/92. The injured worker was diagnosed as having lumbar radiculopathy. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker's work status: working part time. Previous diagnostic studies were not included. Previous treatments included medication. The provider's progress note, dated 6/11/15, reported the injured worker continued to complain of low back pain. The pain level was 6/10 with medications and she was able to perform her activities of daily living. She had no bowel or bladder symptoms. Physical examination was notable for bilateral leg edema. The plan of care was for Zohydro extended release 40 milligrams, quantity of sixty, urine drug screen and the patient was advised to lose weight, stop smoking and get a sleep apnea test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 40 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 - 94, 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Zohydro ER (hydrocodone) is a short acting opioid marketed as a extended release preparation. It is recommended for moderate to moderately severe pain. Maximum dose according to the MTUS is limited 120 mg/day. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. The patient has been taking opioids since at least 2010. The records available for review covered only the last 6 months but did not document prior or present use of first line pain medications nor patient opioid use contract. The opioid medication is effective at lowering pain and improving function. Urine drug screening for aberrant drug seeking behaviors is being done. However, the patient is also taking dilantin for her other medical conditions. The potential for serious side effects with this medication exist, which may result in potentially fatal respiratory depression. Considering all the above information, safe use of Zohydro ER is questionable. Best medical practice would be to wean off this medication and begin use of other means to control the patient's pain symptoms or to change dilantin to a different medication. Medical necessity for continued safe use of this medication has not been established. The request is not medically necessary.