

Case Number:	CM15-0132718		
Date Assigned:	07/20/2015	Date of Injury:	09/09/1998
Decision Date:	10/28/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 9, 1998. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for Zohydro. The claims administrator referenced an RFA form received on June 24, 2015 and an associated progress note of June 23, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 23, 2015 progress note, the applicant reported ongoing complaints of low back pain, 9/10 without medications versus 4-5/10 with medications. The applicant reported burning right lower extremity paresthesias. The applicant had received three citations for driving under the influence (DUI), it was reported in the social history section of the note. In another section of the note, the applicant was very rarely using alcohol currently. This was not expounded upon. Zohydro, Celebrex, and Prilosec were endorsed. The applicant's work status was not explicitly detailed. The applicant was "not working," it was reported in the social history section of the note. The request for Zohydro was framed as a renewal or extension request for the same. The injured worker received a Toradol injection on 6-11-2015 for flare up of pain and reported that it helped to decrease his pain back to baseline. The injured worker current prescriptions include Celebrex for inflammation and Zohydro ER for chronic pain. The injured worker reported that the medications improve his quality of life and allowed him to complete activities of daily living. The injured worker rated pain a 9 out of 10 without medications and a 4-5 out of 10 with, medications. The injured worker reported that the pain is better with injections, chiropractic therapy, laying down, physical therapy, H-wave and

medications. Documentation noted that the pain was unchanged since his last visit. Objective findings revealed tenderness at the left sacroiliac (SI) joints and tenderness over the paraspinals, right greater than left and increased pain with flexion and extension. The treatment plan consisted of medication management. The treating physician reported that the Urine drug screen on 5-26-2015 was consistent for prescribed medications. Medical records (7-15-2014 to 6-23-2015) indicate that the injured worker has been on Zohydro ER since at least 2014. There was no documentation of any significant decrease in pain or significant functional improvement. The treating physician prescribed Zohydro ER 30mg, #60 (number of refills not specified), now under review. The original utilization review (07-01-2015) partially approved the request for Zohydro ER 30mg, #30 (original #60) for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 30mg, #60 (number of refills not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zohydro (hydrocodone).

Decision rationale: No, the request for Zohydro extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. The requesting question was framed as a renewal or extension request for the same on June 23, 2015. However, page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the claimant was off-of work, it was reported on June 23, 2015. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing Zohydro extended-release usage, these reports were, however, outweighed by the claimant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Zohydro usage. The attending provider reported on June 23, 2015 that the claimant was still having difficulty performing activities of daily living as basic as sitting, standing, walking, bending, lying down, working, etc. ODG's Chronic Pain Chapter Zohydro topic further notes that Zohydro is deemed "not recommended" in the chronic pain context present here and further notes that Zohydro is not considered a first-line treatment as short-acting opioids are recommended prior to usage of long-acting opioids. Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the unfavorable ODG position on the same via his June 23, 2015 office visit. It was not clearly stated why this particular agent had been selected. Therefore, the request was not medically necessary.