

Case Number:	CM15-0133975		
Date Assigned:	07/22/2015	Date of Injury:	02/21/2013
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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: Physical Medicine & Rehabilitation

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 sustained an industrial injury on 02/21/13. Initial complaints include back and chest pain and shortness of breath. Initial diagnoses include 16 fractured ribs, right clavicle and shoulder blade fracture, bilateral shoulder injuries, right elbow injury, liver laceration, punctured right lung, injury of the left face, pelvis fracture and a possible T7 compression fracture. Treatments to date include medications, psychotherapy, physical therapy, right shoulder, right hip, bilateral knee, liver, thoracic, and lung surgeries. Diagnostic studies MRIs of the cervical spine and bilateral shoulders, electrodiagnostic studies, multiple CT scans, and multiple x-rays. Current complaints include persistent pain in the neck rated at 6/10, left shoulder pain rated at 6/10, right shoulder pain rated at 3/10, lower back pain rated at 5/10, right wrist pain rated at 6/10, left wrist pain rated at 5/10, left knee pain rated at 5/10, left hip pain at 6-7/10, and right hip pain rated at 3/10. Current diagnoses include right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fractures with subsequent lower extremity numbness, chronic cervical strain, bilateral upper extremity numbness, left shoulder rotator cuff syndrome, and lumbar disc herniation with right lower extremity radiculopathy. In a progress note dated 05/20/15 the treating provider reports the plan of care as medications including Norco and Zohydro, as well as a topical compound of Flurbiprofen, Baclofen, and Lidocaine. Also recommended are pain management appointments for possible cervical and lumbar epidural steroid injections, hip and pulmonary consultations, and a urine drug screen. The requested treatments include Zohydro ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER (extended release) 10 mg Qty 30, every 12 hrs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Zohydro (hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Zohydro.

Decision rationale: The patient presents with cervical spine, lumbar spine, bilateral shoulder, bilateral wrist, left knee, and bilateral hip pain. The request is for ZOXYDOL ER (EXTENDED RELEASE) 10 MG QTY 30, EVERY 12 HRS. The request for authorization is dated 06/01/15. Examination of the cervical and lumbar spine revealed tenderness over the midline with asymmetric loss of range of motion. Exam of the shoulder revealed long head of the biceps was tender and acromioclavicular joint was tender. There was positive Hawkins and positive Neer's bilaterally. Exam of the bilateral wrist revealed that there was positive Tinel's. There was decreased range of motion. Exam of left knee revealed that there was decreased range of motion. There was positive McMurray's test, Valgus and Varus stress test. The pain is made better with rest and medication. The patient has been taking Norco which helps his pain from 7-8/10 down to a 4-5/10 and Robaxin for the muscle spasm that helps to reduce his pain from 7-8/10 down to 5-6/10. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids: Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. ODG Pain chapter, under Zohydro has the following: "Not recommended. See Hydrocodone. Zohydro ER (Zogenix Inc) is the first single-entity extended-release (ER) formulation of hydrocodone approved by the FDA; unlike Vicodin, Lortab and Norco, it is not buffered with acetaminophen or some other OTC medication. Each pill will be very potent, but Zohydro initially did not have abuse-deterrent technology. According to the FDA, Zohydro ER should be reserved for use in patients for whom alternative treatment options are ineffective. FDA's Drug Advisory Committee of independent experts voted 11 to 2 to recommended against approval of Zohydro for the treatment of moderate to severe chronic pain. Zohydro is not recommended as a first line drug in ODG." Per progress report dated 05/20/15, treater's reason for the request is "to control his pain ...to replace the Norco as he is concerned about the amount of Tylenol he has been taking and Zohydro does not contain Tylenol." This appears to be initial trial prescription of Zohydro. In this case, since this is the initial prescription, treater has not had the opportunity to document the medication efficacy. Therefore, the request IS medically necessary.