

Case Number:	CM15-0136985		
Date Assigned:	07/24/2015	Date of Injury:	02/08/2004
Decision Date:	09/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/15/2015

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 42-year-old who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of February 8, 2004. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve requests for Zohydro, morphine, Prilosec, and Flexeril. The claims administrator referenced an RFA form received on June 4, 2015 and an associated progress note of May 20, 2015 in its determination. The applicant's attorney subsequently appealed. In a June 26, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant was off of work and was receiving Social Security Disability Insurance (SSDI) benefits, in addition to Workers' Compensation indemnity benefits, the treating provider reported. The applicant reported difficulty doing activities of daily living as basic as sitting, standing, walking, showering, dressing, and doing household chores. The applicant was apparently using short-acting Norco alone, it was suggested toward the top of the note. It was suggested that the applicant had not begun previously prescribed Zohydro and/or morphine. The applicant reported 10/10 pain complaints without medications versus 5-6/10 pain with medications. The attending provider posited that the applicant would be severely handicapped without his medications. The applicant was using a cane to move about, it was acknowledged. The attending provider stated that the applicant could only lift articles weighing up to 5 pounds very occasionally owing to a fear of worsening pain complaints. On May 19, 2015, the applicant reported multifocal complaints of low back and ankle pain with derivative complaints of insomnia and reflux. The applicant was still having difficulty performing activities of daily living as basic as sitting, standing, walking, showering, dressing, and doing household chores, it was reported. 10/10 pain complaints without

medications versus 5-6/10 pain with medications were reported. The applicant had reportedly gone to the emergency department for reported flare in pain during the preceding months, the treating provider acknowledged. The applicant was given prescriptions for Zohydro extended release, morphine immediate release, Motrin, Prilosec, and Flexeril. The applicant was asked to continue usage of the TENS unit and/or wheeled walker. The applicant was using a cane in the clinic, it was reported. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the treating provider acknowledged. The attending provider suggested that Prilosec was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. The attending provider stated that the applicant could only lift articles weighing up to 5 pounds occasionally. The note was very difficult to follow, mingled historical issues with current issues, did not clearly state which medications were first-time requests and/or which medications were renewal or extension requests. The attending provider again stated that the applicant would be bedridden without his medications. 5-6/10 pain with medications versus 10/10 without medications was reported.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Zohydro (hydrocodone (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zohydro (hydrocodone) and Other Medical Treatment Guidelines U.S. Food and Drug Administration - Indications and usage: Zohydro ER is an opioid agonist indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

Decision rationale: No, the request for Zohydro (extended-release hydrocodone) was not medically necessary, medically appropriate, or indicated here. The request was framed as a first-time request, seemingly initiated on May 19, 2015. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Zohydro is an opioid agonist indicated in the treatment of pain severe enough to require daily or round-the-clock opioid treatment for which alternative treatment options are inadequate. ODG's Chronic Pain Chapter Zohydro topic, which is based, in large part, on the FDA position, also notes that Zohydro is not recommended and should be reserved for usage in applicants in whom alternative treatment options are ineffective. Here, the attending provider's May 19, 2015 progress notes did not outline the failure of first-line treatment options, including first-line long-acting opioids, such as extended-release morphine prior to introduction of Zohydro. It appeared, furthermore, that the applicant reached the same

conclusion, as a subsequent progress note dated June 26, 2015 suggested that the applicant did not feel comfortable beginning Zohydro. Therefore, the request was not medically necessary.

Morphine Sulfate IR 15mg, #40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; Acetaminophen (APAP) Page(s): 78; 12.

Decision rationale: Conversely, the request for morphine sulfate immediate release, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider expressed concern on May 19, 2015 that the applicant's usage of Norco (hydrocodone-acetaminophen) at a rate of six tablets daily was increasing the applicant's risk of developing hepatotoxicity. Page 12 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that hepatotoxicity is a well-known adverse effect of high dosage of acetaminophen usage. Provision of immediate-release morphine was, thus, indicated to replace previously prescribed Norco on or around the date in question, May 19, 2015. Therefore, the request was medically necessary.

Prilosec/Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Conversely, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider stated on progress notes of May 19, 2015 and June 26, 2015 that Prilosec was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Namely, the applicant was less than 65 years of age (age 42), was not seemingly using multiple NSAIDs, was not using NSAIDs in conjunction with aspirin, was not using NSAIDs in conjunction with corticosteroids, had no known history of GI bleeding, and had no known history of peptic ulcer disease. Usage of Prilosec for cytoprotective effect was not, thus, seemingly indicated in the clinical context present here. Therefore, the request was not medically necessary.

Flexeril 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Prilosec. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine (Flexeril) at issue implies chronic, long-term, and/or daily usage of the same, i.e., usage in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.