

Case Number:	CM15-0163533		
Date Assigned:	08/31/2015	Date of Injury:	05/06/2014
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old male who sustained an industrial injury on May 06, 2014. The work was employed as a roofing laborer. An initial physical therapy evaluation dated July 24, 2015 reported the treating diagnosis as lumbago. There was subjective complaint of chronic constant left lower back pain. The assessment noted the worker with signs and symptoms associated with left side mechanical low back pain with radiculopathy secondary to poor stability of the lumbar spine. Current medications at follow up dated July 13, 2015 showed: Anaprox, Zohydro, Naproxen, and Gabapentin. The worker was diagnosed with: lumbar degenerative disc disease and lumbago. The medications noted with renewal. Follow up dated June 10, 2015 show unchanged medication regimen. He is working a modified work duty. Primary follow up dated May 13, 2015 showed Zohydro ER increased to 40mg BID # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 30mg, 1 capsule by mouth daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids, Weaning of Medications Page(s): 51, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Zihydro is Hydrocodone which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Zohydro along with NSAIDS for over a year without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Zohydro is not medically necessary.

Naproxen 500mg tablet by mouth BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.