

<b>Case Number:</b>	CM15-0198423		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	10/16/2001
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 63 year old male with an industrial injury dated 10-16-2001. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, lumbar fusion L4 to S1 with hardware removal, and lumbar radiculopathy. Medical records (07-28-2015 to 09-16-2015) indicate chronic low back pain radiating into the right leg with associated numbness and tingling in the thigh. The pain is aggravated by prolonged sitting, lying on his back and weather changes. On 09-16-2015, the injured worker reported an increase in radicular pain since last visit. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Current medications include Zohydro ER, Oxy IR, Lisinopril, and Ibuprofen. Objective findings (07-28-2015 to 09-16-2015) revealed mild to moderate discomfort, moderate bilateral lumbar paraspinal tenderness to palpitation and grimace with lumbar range of motion. Physical exam (09-16-2015) also revealed positive straight leg raises bilaterally, right greater than left. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. The treatment plan included medication management, physical therapy and follow up visit. The treating physician reported that the most recent urine drug screen from 12-18-2014 was consistent with prescribed medications. Medical records indicate that the injured worker was prescribed a trial of Zohydro on 07-28-2015. The treating physician prescribed Zohydro ER 20mg qty: 60. The utilization review dated 10-05-2015, non-certified the request for Zohydro ER 20mg qty: 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zohydro ER 20mg qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Hydrocodone.

**Decision rationale:** Regarding Zohydro, the ODG guidelines state it is a second line agent, it is "Not recommended", and also "Zohydro ER should be reserved for use in patients for whom alternative treatment options are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain." This is not substantiated in the documents available for my review. The injured worker is currently being treated with Oxycontin IR. Thus, this treatment is not medically necessary.