

<b>Case Number:</b>	CM15-0200885		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New Jersey, New York  
 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 38-year-old female, with a reported date of injury of 07-01-2005. The diagnoses include anxiety, stress, depression; complex regional pain syndrome; depressive disorder; epicondylitis; knee and hip ligament sprain; and lumbar radiculopathy. Treatments and evaluation to date have included Abilify, Cymbalta, Norco (since at least 01-2015), Zohydro ER (since at least 01-2015), TENS unit, and Salonpas patches. The medical report dated 09-10-2015 indicates that the injured worker was doing well with her current medications. She rated her pain 5 out of 10 with medications, and denied having any side effects. The current pain location was not indicated. It was noted that Zohydro "helped significantly with her headaches". On 04-22-2015, the injured worker's average pain level with Norco was 6-7 out of 10, and with Zohydro 4-5 out of 10. The objective findings include the inability to move the lumbar spine more than 5 degrees from neutral due to low back pain; positive right straight leg raise at 30 degrees; negative left straight leg raise test; hyperesthesia of the right leg below the knee to toes with numbness in the right foot; reduced motor strength; weakness in the right extensor hallucis; elbow hyperflexion caused tingling into the second and third digit on the right; and carpal compression test caused some tingling in the right second digit. The treatment plan included continuation of Zohydro and Norco. It was noted that her quality of life was better since on Zohydro. The treating physician denied seeing any aberrant drug behavior. The treating physician requested Norco 10-325mg #60 and Zohydro ER (extended-release) 20mg #60. On 09-18-2015, Utilization Review (UR) modified the request for Norco 10-325mg #60 to Norco 10-325mg #44 and Zohydro ER (extended-release) 20mg #60 to Zohydro ER (extended-release) 20mg #44.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The request for continued Norco use is medically necessary at this time. The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function and be more involved with her children. As per the chart, there was no aberrant drug behavior noted. In addition, she did not have any adverse side effects to the medication. She was on a decreased dose. It is reasonable to remain on Norco at this time. The request is medically necessary.

**Zohydro ER 20 mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The request for continued Zohydro ER use is medically necessary at this time. The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function and be more involved with her children. As per the chart, there was no aberrant drug behavior noted. In addition, she did not have any adverse side effects to the medication. She was on a decreased dose. It is reasonable to remain on Zohydro ER at this time. The request is medically necessary.