

Case Number:	CM15-0212938		
Date Assigned:	11/02/2015	Date of Injury:	10/16/2001
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/29/2015

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, 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 63 year old male, who sustained an industrial-work injury on 10-16-01. He reported initial complaints of pain to the back and lower extremities. The injured worker was diagnosed as having chronic low back pain, lumbar radiculopathy, status post lumbar fusion with hardware removal at L4-S1 in 2002. The patient's surgical history includes left TKR in 2014, right shoulder arthroscopy, CTR and removal of hardware in 2011. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of chronic low back pain with associated numbness and tingling in the thigh. The flare up was helped with the Toradol injection in the last visit. Current range of pain was 5 out of 10. Meds include Zohydro ER 20 mg twice daily and Oxy IR 4 tablets daily for pain management. Ibuprofen and Horizant was also taken for additional pain relief. Other medication list includes Cymbalta, Tramadol, Protonix, Flexeril and Lyrica. Urine drug screen was consistent from 12-18-14 with narcotic agreement signed on 12-18-14. Per the primary physician's progress report (PR-2) on 10-14-15, exam noted normal gait, appearing to be in mild to moderate discomfort, normal range of motion in flexion and limited extension at 10 degrees, altered sensation throughout left lower extremity, patellar reflex on left at 2+ out of 4 and 1+ out of 4 on the right, and positive straight leg raise bilaterally. The patient was unable to function without medication and had improved ADL with medication. Current plan of care includes medication adjustment, diagnostics, and follow up. The patient had UDS on 12/8/14 that was consistent. The patient has had MRI of the lumbar spine in 2012 that revealed stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 30mg quantity: 60: Overturned

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

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

Decision rationale: Request: Zohydro ER 30mg quantity: 60. Zohydro contains Hydrocodone. This is an opioid analgesic. Criteria for ongoing management of opioids are "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The patient had diagnoses of chronic low back pain, lumbar radiculopathy, status post lumbar fusion with hardware removal at L4-S1 in 2002. The patient's surgical history includes left TKR in 2014, right shoulder arthroscopy, CTR and removal of hardware in 2011. Currently, the injured worker complains of chronic low back pain with associated numbness and tingling in the thigh. Urine drug screen was consistent from 12-18-14 with narcotic agreement signed on 12-18-14. Per the primary physician's progress report (PR-2) on 10-14-15, the patient had a positive straight leg raise bilaterally. The patient has had a MRI of the lumbar spine in 2012 that revealed stenosis. Therefore, the patient has chronic pain along with significant abnormal objective findings. The patient was unable to function without medication and had improved ADLs with medication. The patient had a UDS on 12/8/14 that was consistent. There is no evidence of aberrant behavior. The patient has had a trial of non-opioid medications including NSAID, muscle relaxant, and anticonvulsant (Gabapentin and Lyrica) for this injury. The use of an opioid like Hydrocodone is deemed medically appropriate and necessary in this patient at this time. The request of the medication Zohydro ER 30mg quantity: 60 is medically necessary and appropriate in this patient.