

Case Number:	CM15-0056244		
Date Assigned:	04/01/2015	Date of Injury:	11/13/2009
Decision Date:	05/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 55 year old male, who sustained an industrial injury on 11/13/2009. The initial complaints or symptoms included low back, neck and left knee pain/injury due to slipping on stairs. The injured worker was diagnosed as having a low back strain, left knee strain, and neck strain. Treatment to date has included conservative care, medications, physical therapy. Currently, the injured worker complains of ongoing constant low back and bilateral lower extremity pain that is aggravated with activities and motion. The clinical notes indicate that physical therapy and medications have been effective in relieving the injured worker's pain. The diagnoses include depression, fatigue, anxiety disorder, chronic pain syndrome, degenerative disc/joint disease of the thoracic spine, erectile dysfunction, low back pain, organic sleep disorders, obesity, and edema. The treatment plan consisted of continued medications (including Zohydro), consultations, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zohydro ER (Hydrocodone) 30mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are depression, fatigue, generalized anxiety, chronic pain syndrome, degenerative disc disease thoracolumbar spine, ED, hypertension, hyperlipidemia, hypogonadism, low back pain, sleep disorder, obesity, myocardial infarction, cardiomyopathy, coronary artery disease, and edema. According to a progress note dated February 26, 2015, the injured worker has low back pain 6/10. The injured worker has been treated with Norco 10/325mg one tablet every four hours in addition to physical therapy and nonsteroidal anti-inflammatory drugs. The documentation shows Norco 10/325 mg was refilled June 3, 2014. The VAS pain scale from the December 16, 2014 progress note was 6/10. In a progress note dated December 16, 2014, Zohydro 30mg (five times the strength of hydrocodone) was prescribed to 12 hours. There is no clinical indication for rationale for Zohydro 30mg (an opiate five times the strength of hydrocodone documented in medical record). Additionally, the VAS pain scale is unchanged (6/10) from December 2014 through February 26, 2015. There is no documentation with objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement with a clinical indication and rationale for Zohydro (an opiate five times the strength hydrocodone-Norco) with no change in the VAS pain scale after approximately 8 weeks, Zohydro ER (Hydrocodone) 30mg #60 is not medically necessary.