

Case Number:	CM14-0108439		
Date Assigned:	08/01/2014	Date of Injury:	03/29/2011
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old female who reported an injury on 03/29/2011, the mechanism of injury was not provided. On 06/18/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was 5/5 strength, in the lower extremity, intact sensation but diminished to the right lateral aspect of the foot. There was tenderness over the lumbar paraspinal musculature and a positive straight leg raise. There is limited range of motion with flexion and extension. The current medications include Hydrocodone/Acetaminophen, Norco, Tramadol, Buprenorphine, Ambien, Temazepam, and Lotrimin. The diagnoses were low back pain, lumbar degenerative disc disease, lumbar post laminectomy syndrome, lumbar radiculopathy, myalgia, numbness, and chronic pain. The provider recommended Norco and Zohydro ER, Norco for short acting pain and Zohydro for long acting formulation. The Request for Authorization form was dated 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Zohydro ER 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th edition (web), 2013, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zohydro.

Decision rationale: The Official Disability Guidelines do not recommend Zohydro. It is a first single entity extended release formulation of Hydrocodone approved by the FDA, unlike Vicodin, Lortab, and Norco; it is not buffered with Acetaminophen or some other OTC medication. Each pill would be very potent, but Zohydro does not have abuse deterrent technology. It should only be reserved for injured workers whose alternative treatment options are ineffective. As the guidelines do not recommend Zohydro, the medication would not be warranted. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.