

Case Number:	CM14-0122225		
Date Assigned:	08/06/2014	Date of Injury:	03/31/2001
Decision Date:	10/21/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational Medicine 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:

Injured worker is a female with date of injury 3/31/2001. Per periodic report dated 7/15/2014, the injured worker is taking Zohydro ER 10 mg, 1 tab twice a day to vanquish severe pain, and has eased her symptoms by over 50%. Effectos XR 150 mg, 1 tab every 12 hours to vanquish neruopathic pain, has alleviated her symptoms by over 50%. Lunesta 3 mg 1 cap nightly to mitigate sleep limited by pain has palliated symptoms by over 50%. Norco 10/325 mg 1 tab twice a day to vanquish severe pain has abetted symptoms by over 50% but was discontinued. Vibryd 10 mg, 1 tab daily to ease pain induced depression has alleviated symptoms by over 50%. Her anxiety and perseveration of thoughts and obsession on random thoughts increase when she is not taking the medication. The dose is increased to 10 mg daily for greater effectiveness. She is spending more time in functional activity and significant less time watching TV. She remains isolated although her husband has found her more sociable. She is working 6.5 hours 3 days per week with her current medications. She has shown more interest in pursuing and independent exercise program as her pain induced depression is becoming under better control. On examination she was mildly upset and anxious in expressing frustration over chronic pain and duration of the chronic pain. Cervical spine has tenderness to palpation with taught bands at myofascial trigger points with twitch responses in the levator scapula, trapezius, supraspinatus, and rhomboid muscles causing radiating pain to the posterior scapula and neck, bilaterally right more than left. Cervical spine range of motion is restricted in all planes. Scalene hypertrophy measured 2 cm on the left and the right measured 0.5 cm. Muscle spasm remains unchanged at 2+ in the right upper rib region. Neer's impingement and Hawkin's impingement are mildly positive on the right and negative on the left. Adson-neuro tests are moderately positive on the right and mildly positive on the left. Diagnoses include 1) bilateral rotator cuff teaser, status post multiple surgical repairs on the right and recent left sided repair 2) mild chronic painful cervical

degenerative disc condition 3) sleep disorder due to chronic pain, better controlled with longer acting opiate analgesic medications, Lyrica and Lunesta 4) affective disorder with depression and anxiety aggravated by chronic pain, moderate, better controlled with venlafaxine 5) radiating nerve pain radiating from both shoulders to both upper extremities associated with numbness paresthesias and clumsiness, controlled with Gabapentin 6) non-industrial thoracic scoliosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30:

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 (updated 6/10/14) See Eszopicolone

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

Decision rationale: The MTUS Guidelines do not address pharmacological sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Chronic use of this medication is not supported by the ODG. Medical necessity for this request has not been established.

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 (ODG) Pain (updated 6/10/14) See Hydrocodone

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. Per the ODG Zohydro does not have abuse-deterrent technology. According to the FDA, due to the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with ER/LA opioid formulations, 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. In December 2012, FDA's Anesthetic and Analgesic Drug Advisory Committee of independent experts voted 11 to 2 to recommend against approval of Zohydro for the treatment of moderate to severe chronic pain. The main concern of those voting against approval was that the potential for abuse of Zohydro; because the product does not include acetaminophen, they feared the potential for abuse might be even greater. Because of this and the greater risks with a new ER opioid, Zohydro is not recommended as a first line drug in ODG. The injured worker is chronically injured. She is working part time, but there is no clear indication that the use of Zohydro has improved her function, or why Zohydro is chosen for her treatment when Norco was reported to be effective. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for Zohydro ER 10mg #60 is determined to not be medically necessary.