

Case Number:	CM14-0145220		
Date Assigned:	09/12/2014	Date of Injury:	06/22/1987
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported a work related injury on 06/22/1987 due to customary work related duties. The injured worker's diagnoses include degenerative joint disease and left greater trochanter bursitis. The injured worker's past treatment has included surgical intervention, epidural steroid injections, medication, and physical therapy. The injured worker's diagnostic tests consist of an MRI of the hip dated 03/21/2014 which revealed left femoral head erosions and deformity due to severe degenerative joint disease of the left hip. Surgical history consists of a left total hip arthroplasty on 07/21/2014. Upon examination on 08/19/2014, the injured worker complained of ongoing postoperative left hip pain, as well as some intermittent numbness extending down to the right anterior thigh. He rated his pain as 2/10 to 3/10 on the VAS with medication and 5/10 to 9/10 on the VAS without medication. The injured worker also complained of significant difficulty ambulating secondary to his left hip postoperative pain requiring him to use an electrical wheelchair. The injured worker's prescribed medications include Celebrex and Zohydro. The injured worker's treatment plan consisted of a consultation with the physician and a joint replacement specialist, postoperative physical therapy 3 times a week for 6 weeks, a prescription of Percocet, and a re-evaluation in 4 to 6 weeks. The request for authorization form was submitted for review on 07/08/2014. The rationale for the request is severe left hip degenerative joint disease and left greater trochanter bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro 15mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Hydrocodone

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

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon the pain assessment, current pain, the least reported pain over the period of time since the last assessment, average pain and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Also, 4 domains have been proposed as the most important in the monitoring of pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of clinical use of these controlled drugs. In regard to the injured worker, he has been prescribed Zohydro for several months. It is noted within the documentation that the injured worker has decreased pain with the use of Zohydro. However, there was no mention of how long it takes for pain relief and how long pain relief lasts. Additionally, there is a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of Zohydro and there is a lack of documentation indicating the adverse effects of the medication and risk assessment of the employee for drug related behaviors. To determine whether the continuation of Zohydro is medically necessary, documentation clearly specifying significant pain relief, objective functional improvement, appropriate medication use, and side effects should be present. As such, the request for Zohydro 15 mg #60 is not medically necessary.