

Case Number:	CM14-0210333		
Date Assigned:	12/23/2014	Date of Injury:	06/01/2002
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 1, 2002. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve a request for Zohydro. A progress note of November 6, 2014 and an associated RFA form of November 18, 2014 were referenced in its determination. The applicant's attorney subsequently appealed. On December 15, 2014, the attending provider appealed a denial of a 30-day trial of Zohydro. The attending provider stated that the applicant continued to report significant moderately severe shoulder and neck pain. The applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work, it was noted. The attending provider stated that the applicant was working 48 hours a week while using Ultracet. The attending provider stated that the applicant was not getting opioid medications elsewhere. The attending provider acknowledged, however, that the applicant was using marijuana for pain relief. In a November 6, 2014 progress note, the applicant reported persistent complaints of shoulder pain, 7-8/10. The applicant was working full time. A 30-day trial of Zohydro was endorsed. The applicant was apparently asked to continue working. An earlier note of August 21, 2014 was notable for comments that the applicant was working. The attending provider did note that the claims administrator and Independent Medical Reviewer had nevertheless denied tramadol, baclofen, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 10mgm QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Opioids for c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zohydro Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Zohydro usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider incorporate some discussion of "cost" into his choice of recommendations and, furthermore, further stipulates that an attending provider using a drug for non-FDA labeled purposes should furnish compelling evidence to support such usage. Here, the attending provider did not furnish any rationale for usage of brand-named Zohydro in favor of other opioids, including previously prescribed tramadol and Ultracet. The attending provider stated that previously provided tramadol and Ultracet had, in fact, generated appropriate analgesia at various points in time. The Food and Drug Administration (FDA) notes that Zohydro should be reserved for applicants in whom non-opioid analgesics and/or immediate release opioids are ineffective, not tolerated, and/or otherwise inadequate to provide sufficient analgesia. Here, the applicant's previously successful usage of Ultracet and/or tramadol seemingly obviates the need for the extended release Zohydro at issue. Therefore, the request was not medically necessary.