

Case Number:	CM15-0145141		
Date Assigned:	08/10/2015	Date of Injury:	03/29/2002
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 3-29-02. A review of the medical records indicates she is undergoing treatment for cervical radiculopathy, cervical disc degeneration, and cervical spinal stenosis. Medical records (5-19-15 to 7-7-15) indicate ongoing complaints of neck and lower back pain. Her pain rating without medications has remained "8 out of 10" without medications and has gone from "3 out of 10" to "6 out of 10" with medications from 5-19-15 to 7-7-15. She reports that the quality of her sleep is poor (7-7-15). Her medications include Colace 100mg twice daily, Dilaudid 4mg twice daily as needed for pain, Zohydro ER 10mg every 12 hours, Wellbutrin SR 150mg, 3 tablets daily, Ambien CR 12.5mg at bedtime as needed, Provigil 200mg daily, and Nortriptyline 50mg daily. The physical exam reveals that she "appears to be calm and in mild pain". She was noted to have antalgic gait and walked with a cane. Range of motion was restricted in the cervical spine. Diagnostic testing has included EMG-NCV of bilateral upper extremities, CT scan of the cervical spine, and a CT of the lumbar spine. She has also undergone urine drug screening. Treatment has included medications, a lumbar medial branch block at L3, L4, and L5, as well as surgical procedures. Referrals to Neurosurgery and Psychiatry were completed. A request for a medial branch block to C3, C4, and C5 was denied. A request was made for bilateral trochanter bursa injections. The records indicate that she has "essentially been weaned off all opiate medications and is not toleration her pain very well". The treating provider states that she "is having to lie down or sit for most of the day to try to control her pain. Her function has diminished significantly without the pain medications to control her industrial pain". The Zohydro ER has been weaned from 40mg, 2 tablets every 12 hours to 10mg twice daily. This was increased back to 20mg twice daily. She was noted to have "failed MS Contin, Fentanyl patch, and Exalgo" (7-7-15). The

requested treatment is for Zohydro ER 20mg every 12 hours, #30, and Dilaudid 4mg, 0.5 - 1 tablet, twice daily as needed, #60. The utilization review (7-22-15) indicates denial of both treatments, indicating that regarding the Zohydro ER, "there was no supporting evidence of objective functional gains with medication use". Regarding Dilaudid, denial was due to "no evidence of objective functional gains to support the subjective benefit noted".

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER (extended release) 20 mg capsule Qty 30, 1 capsule by mouth every 12 hrs, increase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Zohydro is Hydrocodone. Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for a year without significant improvement in pain or function several months in the form of Norco. There was adequate pain control with prior Norco use. The current combination of Zohydro with Dilaudid provides less reduction in pain score. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Zohydro is not medically necessary.

Dilaudid 4 mg tablet Qty 60, 0.5-1 tablet by mouth 2 times daily as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Dilaudid is not 1st line for neck or back pain. It is often used severe pain via pumps in cancer, CRPS and other chronic pain. In this case, the claimant had adequate pain relief with prior Norco. Addition of Dilaudid with Zohydro actually worsened pain score impact. There was no mention of non-opioid analgesic failure. Continued use of Dilaudid is not medically necessary.