

<b>Case Number:</b>	CM15-0067832		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: 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 injured worker is a 50-year-old male who sustained an industrial injury to his lower back and knees on 01/06/2012. The injured worker was diagnosed with unspecified internal derangement of the knees, lumbosacral spondylosis, displacement lumbar disc without myelopathy and lumbar degenerative disc disease. Treatment to date includes diagnostic testing, knee arthroscopy, cortisone injections, Orthovisc injections to the left knee times four, physical therapy (6 visits 2014) and medications. The injured worker is status post left knee arthroscopic surgery on May 16, 2012. According to the primary treating physician's progress report on March 12, 2015, the injured worker continues to experience low back pain and bilateral knee pain and presents to the office for medication re-evaluation. Examination of the lumbar spine demonstrated tenderness to palpation of the paravertebral muscles, particularly from L4-S1 and tenderness to palpation over the medial and lateral joint lines of both knees. The lumbar spine noted decreased range of motion accompanied by pain. The bilateral knees had decreased range of motion, ambulated without difficulty and sensory was grossly intact. Current medications are listed as Gabapentin, Hydrocodone, Zohydro, Ibuprofen, Mirtazapine, Tizanidine, Omeprazole, and Zyrtec (over the counter). Treatment plan consists of continuing with medication regimen; referral for knee pain, laboratory (serum) evaluation for opiate level and compliance and the current request for Hydrocodone 10/325mg and Zohydro 30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone APAP 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Hydrocodone APAP 10/325mg is not medically necessary.

**Zohydro 30mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

**Decision rationale:** Zohydro ER is an opioid agonist, extended-release, oral formulation of hydrocodone bitartrate indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Zohydro 30mg is not medically necessary.