

<b>Case Number:</b>	CM15-0079188		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/31/2000
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Massachusetts

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 56 year old male, who sustained an industrial injury on August 31, 2000, incurring back and shoulder injuries. He was diagnosed with cervical and lumbar degenerative disc disease. Treatment included physical therapy, medications, transcutaneous electrical stimulation, nerve blocks, epidural steroid injection, aqua therapy, acupuncture, cortisone injections and multiple surgeries. 8/28/14 UDS was inconsistent with abnormal high creatine and THC and clonazepam. On 12/10/14 he underwent placement of nerve stimulator. Currently, the injured worker was evaluated on 3/12/15 at which time he reported continued pain in the neck, shoulders, upper extremities, low back and lower extremities. The patient states that he has side effects with the medication including itching, sedation and nausea. The request was made to return to use of oxycontin. MS-ER is switched to extended release hydrocodone. The treatment plan that was requested for authorization included a prescription for Zohydro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zohydro40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Additionally there has been concern of inappropriate UDS in the past. Consequently continued use of long acting opioids is not supported by the medical records and guidelines as being medically necessary. Therefore the request is not medically necessary.