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| <b>Case Number:</b>   | CM15-0092792 |                              |            |
| <b>Date Assigned:</b> | 05/19/2015   | <b>Date of Injury:</b>       | 12/21/2008 |
| <b>Decision Date:</b> | 06/18/2015   | <b>UR Denial Date:</b>       | 04/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/13/2015 |

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42-year-old male, who sustained an industrial injury on 12/21/08. He has reported initial complaints of right knee injury after chasing a suspect working as a policeman and being struck by a police car. The diagnoses have included left patella femur/pelvic fracture, right knee bursitis, old anterior cruciate ligament disruption and synovitis and tenosynovitis. Treatment to date has included medications, activity modifications, surgery, bracing of the right knee, cortisone injections, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/2/15, the injured worker is for follow up visit and the medication Duloxetine caused sedation but no significant analgesia. Topical Pennsaid solution was not effective in reducing the severity of pain. He remains on Norco and with his medications, he is able to work regular duties and remain employed. He continues to complain of right knee pain aggravated by prolonged standing and the pain also awakens him at night. Zohydro Hydrocodone extended release was discussed to provide a longer acting analgesia at night to match the sleep cycle. The physical exam reveals that squatting causes bilateral knee pain, mounting the exam table is guarded, hip range of motion is decreased, and there was pain with range of motion in the bilateral knees. There is medial joint tenderness and effusion noted in the right knee. The physician noted that he is unable to run more than a half mile. The physician treatment was to continue medications as prescribed. The physician requested treatments included Norco Hydrocodone/APAP 10/325mg 1 unit twice daily #60 units refills 0 and Zohydro Hydrocodone extended release unit dosage 20mg 1 unit every 12 hours, 5 units refills 0.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Hydrocodone/APAP 10/325mg 1 unit twice daily #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a long time without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.

**Zohydro Hydrocodone extended release, unit dosage 20mg 1 unit every 12 hours, 5 units:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**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. It is not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on

opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."According to the patient's file, there is no objective documentation of pain and significant functional improvement to justify continuous use of opioids. The addition of Zohydro to other opioids is not clearly justified. There is no clear justification for the use of several narcotics. Therefore, the prescription of Zohydro ER 20 mg, 5 units is not medically necessary.