

<b>Case Number:</b>	CM13-0011364		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/16/2000
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43-year-old male who reported injury on 08/16/2000. The mechanism of injury was stated to be the patient jumped approximately 6 to 8 feet. The patient was noted to have a fusion on 03/17/2004. It was indicated the patient was at low risk for opioid abuse. The patient was noted to have signed an opioid agreement. The patient was noted to have low back pain with lumbar radiculopathy. It was indicated that Hydrocodone controlled release remained effective for decreasing the intensity of the patient's pain to a tolerable level so that he could assist his wife with chores throughout the home such as washing dishes, laundry, dusting and light yard work as well as interacting with his son. Without the medication, it was indicated the patient would be severely restricted and far more sedentary. The patient denied side effects. The patient's medications were noted to include Hydrocodone CR and Senna docusate. Per the submitted request, there was a request for Hydrocodone compound 15 mg and Senna docusate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone compound 15 mg #120:** 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 Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** The California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. California MTUS Guidelines indicate that Hydrocodone is appropriate for moderate to moderately severe pain and that there are no FDA Hydrocodone products for pain unless formulated as a combination. A thorough search of FDA.gov failed to indicate there was an approved topical formulation including- Hydrocodone. Additionally, the patient was noted to be taking Hydrocodone CR 15 mg. There was a lack of clarification as to whether this was an oral compounded medication or a topical cream. Given the above, the request for Hydrocodone compound 15 mg quantity 120 is not medically necessary.

**Senna Docusate 8.6-50 mg #60:** 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 Opioids Section Page(s): 77.

**Decision rationale:** Per California MTUS when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to indicate the patient had signs or symptoms of constipation. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for Senna docusate 8.6-50mg, QTY 60 is not medically necessary.