

<b>Case Number:</b>	CM14-0017665		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/01/2002
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, 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 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/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 an employee of [REDACTED] and has submitted a claim for back pain associated with an industrial injury date of January 1, 2002. Treatment to date has included oral analgesics, acupuncture, physical therapy and trigger point injections. A utilization review dated February 3, 2014 denied the requests for Hydrocodone 10/325mg #180 and Zomig 5mg #6. Medical records from 2013 to 2014 were reviewed and showed chronic neck, shoulder and back pain. Physical examination showed paraspinal muscle spasms and pain radiating to hand with weakness. The patient has been taking hydrocodone/APAP 10/325mg as far back as September 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF HYDROCODONE 10/325MG, #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80.

**Decision rationale:** Page 78 of the MTUS Chronic Pain Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects,

and aberrant drug-taking behaviors. Page 80 states that opioids appear to be efficacious but limited for short-term pain relief of chronic back pain. In this case, the patient was taking Hydrocodone since September 2011 without documentation of objective functional improvement. Prolonged use is not recommended. There is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines. Given the above stated findings, the request is not medically necessary and appropriate.

**PRESCRIPTION OF ZOMIG 5MG, #6 WITH 11 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

**Decision rationale:** Zomig is a brand name for Zolmitriptan. The MTUS Guidelines does not address Zolmitriptan specifically. The FDA states that Zomig is indicated for the acute treatment of migraine with or without aura in adults. In this case, the patient has been complaining of neck, shoulder and back pain. There were no complaints of migraines or headaches based on the documents submitted. There was no objective evidence that the patient was suffering from migraines. Therefore, the request is not medically necessary and appropriate.