

<b>Case Number:</b>	CM14-0170953		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Family Medicine and is licensed to practice in Florida. 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 a 53-year-old female who was injured on 11/9/2011. The patient's current diagnoses are right shoulder pain, cervicgia, brachial neuritis or radiculitis, and cervical disc herniation. 8/27/14 electromyography (EMG) showed chronic radiculopathy at right C6. An MRI found "C3-C4 mild disc bulge, mild moderate left foramen narrowing, C4-C5 mild moderate canal stenosis, posterior osteophyte/disc material in contact with the anterior spinal cord, C5-C6 moderate-severe canal stenosis due to disc bulge, CSF spaces obliterated but no cord deformity, mild bilateral foraminal narrowing, C6-C7 moderate canal stenosis due to disc bulge contacting the anterior spinal cord, obliterated CSF spaces." As of 05/23/2014, she appears to have been released back to work with work restrictions. She has chronically been taking Norco and Valium. She passed her most recent drug screen. She has had 6 physical therapy treatments and did feel that they were helpful. There is a physical therapy visit note from 9/26/2014 showing that the patient did have one treatment with a transcutaneous electrical nerve stimulation (TENS) unit and that it did help relieve symptoms. 6 physical therapy treatments with TENS unit for the neck are now being requested. A utilization review physician declined this request, and an independent medical review has now been requested to determine the medical necessity of 6 additional physical therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy treatments with TENS unit for the neck (1 times 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck; Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, Physical medicine guidelines Page(s): 148-150, 133.

**Decision rationale:** In accordance with California MTUS guidelines, 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. This patient has radiculopathy, and therefore fits these criteria. This request is for 6 additional physical therapy treatments. The utilization review physician partially certified this request for an additional 4 physical therapy sessions, which would total 10 sessions, as is the guideline recommendation. In strict accordance with MTUS guidelines, this request for an additional 6 physical therapy sessions is not medically necessary.

**Zohydro ER 20mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zohydro.

**Decision rationale:** The medication Zohydro is not specifically addressed in the California MTUS guidelines. It is, however, specifically addressed in the Official Disability Guidelines (ODG) and is specifically not recommended. The 2014 ODG guidelines state that Zohydro is, "Not recommended. See Hydrocodone. Zohydro ER (Zogenix Inc.) is the first single entity extended release (ER) formulation of Hydrocodone released by the FDA; unlike Vicodin, Lortab, and Norco it is not buffered by acetaminophen or some other over the counter (OTC) medication. Each pill will be very potent, but Zohydro does not have abuse deterrent technology. According to the FDA, Zohydro ER should be reserved for use in patients for whom alternative treatment options are ineffective. FDA's Drug Advisory Committee of independent experts voted 11 to 2 to recommend against approval of Zohydro for the treatment of moderate to severe chronic pain because of the potential for abuse of this drug. Zohydro is not recommended as a first line drug in ODG." This patient has moderate to severe chronic pain and should not have Zohydro used as a first line drug per the ODG. Likewise, this request for Zohydro ER is not medically necessary.