

<b>Case Number:</b>	CM14-0035252		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 36-year-old female with a 3/15/13 date of injury. At the time (1/2/14) of the request for authorization for Docuprene 100mg #60 DOS: 1/2/14 and Hydrocodone/APAP 7.5/325mg #30 DOS: 1/2/14, there is documentation of subjective (neck constant aching sensation; numbness, tingling, and burning in her bilateral upper extremities down to all her fingers; and bilateral arm weakness) and objective (tenderness to palpation at the cervical spine midline and right paraspinal musculature and trapezius, decreased cervical spine range of motion, decreased sensation right C6 and C7 dermatomes, 4+/5 right deltoid, wrist extensors, wrist flexors, and bilateral interossei, finger flexors, and finger extensors, positive Hoffman's bilaterally, and positive Spurling's on the right to the mid forearm and positive Spurling's on the left to the elbow) findings, current diagnoses (cervical spine herniated nucleus pulposus, cervical spine degenerative disc disease and facet arthropathy, cervical radiculopathy, and history of non-steroidal anti-inflammatory drug gastritis), and treatment to date (medication including ongoing use of opioids). Regarding Hydrocodone/APAP 7.5/325mg #30 DOS: 1/2/14, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprene 100mg #60 DOS: 1/2/14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration.

**Decision rationale:** MTUS and ODG do not address the issue. The Food and Drug Administration identifies that Docuprene is indicated for short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (eg, after anorectal surgery, MI); to evacuate the colon for rectal and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use. Within the medical information available for review, there is documentation of diagnoses of cervical spine herniated nucleus pulposus, cervical spine degenerative disc disease and facet arthropathy, cervical radiculopathy, and history of non-steroidal anti-inflammatory drug gastritis. In addition, despite an associated request for opioids being considered not medically necessary, there is documentation of chronic opioid use. Therefore, based on guidelines and a review of the evidence, the request for Docuprene 100mg #60 DOS: 1/2/14 is medically necessary.

**Hydrocodone/APAP 7.5/325mg #30 DOS: 1/2/14: 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. Also, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine herniated nucleus pulposus, cervical spine degenerative disc disease and facet arthropathy, cervical radiculopathy, and history of non-steroidal anti-inflammatory drug gastritis. In addition, there is documentation of ongoing use of opioids. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects. In addition, given documentation of ongoing use of opioids, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of opioids. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 7.5/325mg #30 DOS: 1/2/14 is not medically necessary.