

<b>Case Number:</b>	CM15-0025614		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/22/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 64 year old female, who sustained an industrial injury on 09/22/2008. The diagnoses have included lumbago, spinal stenosis of lumbar region, generalized osteoarthritis, myalgia, and lumbosacral spondylosis. Noted treatments to date have included lumbar facet nerve block and medications. Diagnostics to date have included MR lumbar spine on 05/29/2014 showed mild central canal narrowing at L4-5 related to bulging disc and shallow spondylitic ridging at L5-S1. In a progress note dated 01/22/2015, the injured worker presented with complaints of right sided pain. The treating physician reported the injured worker will continue with Zohydro for pain in addition to prescribing Keppra. Utilization Review determination on 02/03/2015 non-certified the request for Keppra 250mg oral tablet 250mg tab Quantity: 30 Refills: 0 and Zohydro ER 15mg oral capsule extended release 15mg ERC Quantity: 60 Refills: 0 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keppra 250mg oral tab 25mg tab #30 no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 22.

**Decision rationale:** Keppra is an anti-epilepsy drug (AED). According to the Chronic Pain Guidelines, it may be effective for neuropathic pain but the ultimate role of this agent for pain requires further investigation. It should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. There is no indication available for my review that any of these other medications have been prescribed nor is it clear that this worker has neuropathic pain.

**Zohydro ER 15mg ora cap,extended release 15mg ERC #60 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Weaning of medications, Page(s): 78-80,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 1/19/15) Zohydro (hydrocodone)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Zohydro. Zohydro is an extended release form of hydrocodone. This worker is also taking Vicodin, a short acting form of hydrocodone with acetaminophen. In addition to the above concerns regarding the prescription of opioids, it is not clear why it is necessary for this worker to receive both forms of hydrocodone.