

<b>Case Number:</b>	CM14-0153108		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/23/2006
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine & Rehabilitation 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:

This 31 year old patient had a date of injury on 10/23/2006. The mechanism of injury was not noted. In a progress noted dated 8/13/2014, the patient claims that Motrin 800mg has quieted symptoms by over 50%. He also claims that tramadol has mitigated pain by over 50%. Norco has also reduced pain by 50%. On a physical exam dated 8/13/2014, flexion produced thoracic pain on the left T8 area. Tenderness to palpation with taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles. . The diagnostic impression shows thoracic intervertebral disc extrusions at T6-T7 and T7-T8 and cord impingement with mild myoclopathic symptoms of left tingling, chronic severe pain, and sleep disorder due to pain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/29/2014 denied the request for Zohydro ER 10mg #120, stating that Zohydro is reserved for use in patients for whom alternative treatment options are ineffective, and the documentation shows the patient had been receiving positive reduced pain levels by 50% from current medications. Docusate 250mg #30 was denied, stating that there is no diagnosis of constipation that would indicate use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zohydro ER 10 MG #120:** 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), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Zohydro

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The FDA states that Zohydro is an extended release form of hydrocodone that is used for around the clock treatment of severe pain. However, in the 8/13/2014 progress report, there was no clear rationale for the medical necessity of Zohydro. The patient's symptoms seem well controlled by the medications, as he states that the Norco and tramadol reduce his pain by 50%. Therefore, the request for Zohydro 10mg ER #120 was not medically necessary.

**Docusate 250 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. However, in the 8/13/2014 progress report, there was no diagnosis of constipation. Furthermore, this patient has been on docusate since at least 5/21/2014, and guidelines do not support long term use. Therefore, the request for Docusate 250 #30 was not medically necessary.