

Case Number:	CM15-0100394		
Date Assigned:	06/02/2015	Date of Injury:	07/23/2004
Decision Date:	07/01/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, California
 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 38 year old female, who sustained an industrial injury on 7/23/04. She reported back pain. The injured worker was diagnosed as having lumbar strain with lumbar radiculopathy, insomnia, gastroesophageal reflux disease, left knee strain, and right shoulder strain with impingement. Treatment to date has included physical therapy, home exercise, and medication including Norco and Soma. Currently, the injured worker complains of low back pain with radiation to the left leg into the toes, headaches, left knee pain, and right shoulder pain that radiates to the right upper extremity into the fingers. The treating physician requested authorization for Hysingla ER 40mg and Morphine Sulfate IR 15mg #30. The treatment plan included discontinuing Norco and replacing it with Hysingla ER. Morphine Sulfate IR was recommended for breakthrough pain or pain flair up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - On going management and when to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Hysingla.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Hysingla contains long acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin and Norco for over 5 years and was currently on Norco and Morphine while the additional request for Hysingla was made. In addition, the net opioid use exceeded the 120 mg of Morphine equivalent recommended by the guidelines. The continued use of Hysingla is not medically necessary.

Morphine Sulfate IR 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
On going management, When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Morphine is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin and Norco for over 5 years and was currently on Norco and the additional request for Morphine and Hysingla was made. In addition, the net opioid use exceeded the 120 mg of Morphine equivalent recommended by the guidelines. There was no mention of Tricyclic failure. The continued use of Hysingla is not medically necessary.