

<b>Case Number:</b>	CM15-0101910		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/23/2008
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61-year-old female, who sustained an industrial injury on March 23, 2008. She reported an injury to her low back. Treatment to date has included lumbar interbody fusion, medication and physical therapy. Currently, the injured worker complains of low back, right hip, right leg and bilateral lower extremity feet pain. She rates her pain without medication as a 10 on a 10-point scale and with medication as 5-6 on a 10-point scale. She reports that her medication regimen, activity restriction and rest continue to keep her pain at a manageable level. On physical examination she has severe pain to touch and with movement over the lumbar spine. She has a negative straight leg raise and her range of motion is limited. She has hypoesthesia over the bilateral feet. The diagnoses associated with the request include post laminectomy syndrome of the lumbar region, chronic pain syndrome, thoracic and lumbosacral neuritis or radiculitis and arthropathy of the lumbar facet joint. The treatment plan includes: ice/heat therapy, home exercise, and hydromorphone and Hyslinga.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphone 4 mg Qty 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the use of opioids when there is meaningful pain relief, functional support and a lack of drug related aberrant behaviors. There is reported to be about a 50% improvement in pain due to the medications and ADL functioning is maintained. Guidelines recommend drug testing, but do not make them mandatory for opioid prescribing. Over a several year time span of utilizing opioids there is not reporting of problematic drug related behaviors. Under these circumstances, the Hydromorphone 4mg. #90 is medically necessary.

**Hyslinga ER (extended release) 80 mg Qty 7:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain -  
Hyslinga.

**Decision rationale:** MTUS Guidelines support the use of long acting and short acting opioids for severe chronic pain. This individual meets the criteria of at least a trial of a long acting opioid. There is no history of opioid misuse associated with the prior long term use of shorter acting opioids. The trial of Hyslinga ER 80mg #7 is consistent with Guidelines and is medically necessary.