

Case Number:	CM15-0102560		
Date Assigned:	06/04/2015	Date of Injury:	03/10/2007
Decision Date:	07/09/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/28/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male, who sustained an industrial injury on 03/10/2007. He has reported subsequent low back, low extremity, bilateral knee and shoulder pain and was diagnosed with lumbar segmental dysfunction, disc displacement/radiculitis and post-surgical syndrome. Treatment to date has included oral pain medication, H wave unit, application of heat, a home exercise program and chiropractic treatment. In a progress note dated 04/16/2015, the injured worker complained of severe back pain with spasms, bilateral knee and shoulder pain. Objective findings were notable for limited range of motion of the back with palpable spasm of the lumbar trunk, pain with straight leg raise in the left back, sensory loss to light touch and pinprick in the left lateral calf and bottom of the foot, limping gait, crepitus with passive range of flexion to extension of the bilateral knees, bilateral swelling of the knees, tenderness of the subacromion of the left shoulder and crepitus on circumduction passively with positive impingement sign. A request for authorization of Hysingla for pain and Thermacare heat patches for myofascial pain was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20mg #30: 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) - Hysingla (Hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Hysingla is a long acting form of hydrocodone. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains while the patient was on oxycodone. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. With this lack of improvement on other opioids, the provider now requests a long acting opioid in Hysingla. However, there is no documented establishment of functional goals when initiating this long acting opioid. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

ThermCare heat patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Heat therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Cold/Heat.

Decision rationale: Regarding the request for Thermacare heat patch, ACOEM Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested heating patch. Furthermore, it is unclear why Thermacare has been prescribed as opposed to a more economic heating modality such as a heating pad. Given this, the currently request is not

medically necessary. Regarding the request for Thermacare heat patch, ACOEM Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested heating patch. Furthermore, it is unclear why Thermacare has been prescribed as opposed to a more economic heating modality such as a heating pad. Given this, the currently request is not medically necessary.