

Case Number:	CM15-0106299		
Date Assigned:	06/15/2015	Date of Injury:	08/27/2007
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71-year-old male, who sustained an industrial injury on 8/27/07. The injured worker was diagnosed as having right knee joint pain and sprain/strain of the lumbar region. Treatment to date has included the use of a knee brace and medication. Currently, the injured worker complains of right knee pain. The treating physician requested authorization for Hysingla ER 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 30mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Hysingla ER 30mg #30. The treating physician states in the report dated 4/9/15, "Hysingla ER 30mg SIG: Take 1 daily QTY: 30. 00. I am switching him to Hysingla as he was not getting

any pain reduction." (9B) For Initiating Opioid Therapy MTUS states, "(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of 'rescue' opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. (e) If partial analgesia is not obtained, opioids should be discontinued. " In this case, the treating physician has documented that the patient is not currently on any opiate and he would like to initiate a trial of Hysingla as the patient had previously tried Butrans. The current request is medically necessary.