

Case Number:	CM15-0109179		
Date Assigned:	06/15/2015	Date of Injury:	04/01/2002
Decision Date:	07/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and myofascial pain syndrome reportedly associated with an industrial injury of April 1, 2002. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for Hysingla (extended release hydrocodone). The claims administrator referenced progress notes of February 20, 2015 and April 8, 2015 in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of neck pain, mid back pain, low back pain, and foot pain, 4-10/10. The applicant was on Hysingla, Flector, Risperdal, Prilosec, AndroGel, aspirin, and albuterol, it was reported at this point in time. The applicant did have comorbidities including anxiety disorder, depression, arthritis, and restless leg syndrome with hypothyroidism, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was further noted. The applicant was asked to continue Hysingla, Opana, Flector, and Mobic. The applicant's work status was not detailed, although it did not appear that the applicant was working. The applicant was still smoking, it was acknowledged. The applicant was using a cane to move about in the clinic setting, it was reported. The applicant had reportedly developed opioid-induced hypogonadism, it was suggested. The attending provider stated that the applicant's medications were helping but did not elaborate further. On February 20, 2015, the attending provider acknowledged that activities of daily living such as bending and performance of other activity of daily living worsened the applicant's pain complaints. 3-4/10 low back, mid back, and leg pain complaints were reported. Paresthesias were reported. Standing, walking, twisting, and sitting all remained problematic, the treating provider reported. Once again, the applicant's work status was not detailed. Multiple medications were renewed, including sustained release hydrocodone (AKA Hysingla), Opana, Mobic, and Flector.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 120mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Hysingla (AKA extended release hydrocodone), an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on multiple 2015 progress notes, referenced above, suggesting that the applicant was not working. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were not quantified and were, furthermore, outweighed by the attending provider's failure to outline applicant's work status and the attending provider's reports on February 20, 2015 and on April 8, 2015 to the effect that activities of daily living as basic as sitting, standing, walking, and twisting remained problematic. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Hysingla. Therefore, the request was not medically necessary.