

Case Number:	CM15-0109672		
Date Assigned:	06/16/2015	Date of Injury:	03/29/1994
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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 60 year old female, who sustained an industrial injury on 3/29/94. She reported low back injury while turning to remove something from a bottom drawer. The injured worker was diagnosed as having degeneration of lumbar disc, lumbago, long term use of meds, muscle spasm and sciatica. Treatment to date has included oral medications including Diclofenac Sodium, Hysingla, Soma and topical Ketamine cream and diclofenac sodium cream, lumbar epidural steroid injections and activity restrictions. Currently, the injured worker complains of low back pain with radiation to right lower extremity. She is currently working on limited duty. Physical exam noted absence of deep tendon reflexes in patella and Achilles bilaterally with decreased sensation of L4 and S1 dermatomes. A request for authorization was submitted for Hysingla ER 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 60 mg: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient complains of chronic low back pain with intermittent bouts of lower extremity pain, numbness and tingling. The current request is for Hysingla ER 60mg. The records indicate the patient has been on long-term opiate therapy with a short acting opiate and has recently been switched to a long acting opiate. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, while there is clear documentation that Hysingla is not helping the patient. The June 2, 2015 report states that her dose has been increased as high as 80 mg with report of increased pain and decreased function. Adverse effects include changed mentation and depression. There is record of a UDS. The four A's have not been adequately covered and do not support the use of Hysingla. The available documentation does not establish medical necessity for this request. The request for Hysingla is not medically necessary.