

Case Number:	CM15-0133215		
Date Assigned:	07/21/2015	Date of Injury:	01/15/2005
Decision Date:	09/22/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/09/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 01/15/2005. According to a progress report dated 06/17/2015, the injured worker reported that he was in constant pain with his knee that was throbbing in nature. Pain was in the medial aspect of the knee. He reported cracking and popping when he tried to walk. He could not function without pain medications. He had been using Norco and alternating with Nucynta at times for pain. He used Mobic for inflammation. He reported 50% reduction in his pain and 50 percent functional improvement with activities of daily living with the medications versus not taking them at all. Physical examination demonstrated very swollen left knee and peripatellar edema. Patellar compression was painful. There was crepitus on flexion to extension passively. McMurray sign revealed an audible click medially which was painful for him. He could actively flex 110 degrees, extend 0 degrees. Valgus maneuvers revealed laxity in excess with stress testing as well as anterior drawer sign revealing excessive laxity. Impression included history of left knee arthroscopy x 2 and history of elevated liver enzymes. Current liver enzymes studies were normal. MRI revealed postoperative changes. There was a cyst formation in the anterior cruciate ligament with small enchondroma in the distal femur and chondromalacia patella signs. The treatment plan included a trial of Hysingla as long-acting hydrocodone for pain, occasional Tylenol, Norco as needed for breakthrough pain and Mobic for inflammation. He was currently under a narcotic contract. Urine drug screens had been appropriate. Currently under review is the request for Hysingla 30 mg #30 and Mobic 15 mg #30. According to a progress report dated 05/06/2015, the injured worker took occasional Norco for pain. When this did not give him good

relief he used Nucynta which usually worked better. Documentation submitted for review shows that the injured worker has been utilizing Mobic dating back to 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 30mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Hyslinga.

Decision rationale: Hysingla ER is hydrocodone which has properties that are expected to reduce, but not totally prevent, abuse of the drug when chewed and then taken orally, or crushed and snorted or injected. The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, who had been using Norco and Nucynta (alternating) as well as Mobic to help control his chronic pain, there was report of a 50% reduction in his overall pain and 50% improvement in his function due to the collective use of these medications. The provider decided to add Hysingla, a long-acting opioid to help decrease the pain further. Although there was no complaint from the worker that a 50% reduction in pain was not sufficient enough, it can be assumed that this worker would certainly prefer a further reduction in pain as long as side effects from the medication were minimal. There was an appropriate baseline assessment made without the Hysingla, and future assessment should provided enough evidence to show if the addition of this other medication will effectively improve his function more than without it, or to effectively reduce the need for Norco and Mobic. Therefore, as there is unlikely to be any other intervention to consider with this worker, according to the notes, the request for Hysingla (trial) is not medically necessary at this time.

Mobic 15mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 9, 22, 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of having used Mobic regularly leading up to this request, going back many months. Recent reports mentioned a 50% reduction in pain and 50% improvement in function from the collective medication use, however, there was no separation of how effective the Mobic was independent of the other medications. Regardless, it is not safe to be continuing Mobic chronically as is being requested, due to significant side effects with long-term use. Efforts should be made to reduce (as needed) or eliminate this type of drug in this worker. Therefore, the Mobic is not medically necessary at this time.