

Case Number:	CM15-0138725		
Date Assigned:	07/28/2015	Date of Injury:	12/16/2008
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 36 year old female who reported an industrial injury on 12/16/2008. Her diagnoses, and or impression, were noted to include: degeneration of the lumbosacral inter-vertebral disc; thoracic/lumbosacral neuritis/radiculitis; sciatica; lumbago and spondylosis without mention of myelopathy; and lower back pain that radiated into the bilateral lower extremities. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include: physical therapy; chiropractic therapy; aqua therapy; massage therapy; medication management; and rest from work. The progress notes of 2/25/2015 reported that she presented seeking alternative and interventional options to alleviate her increasing, constant, moderate-severe lower back pain that radiated into the bilateral lower extremities, aggravated by activities and improved by heat and oral pain medications. Objective findings were noted to include: no acute distress; an antalgic gait with use of cane; tenderness to the lumbar spine with decreased/painful range-of-motion due to facet loading pain; positive bilateral straight leg raise; and spasms/twitching of the bilateral quadratus lumborum and erector spine muscles. The physician's requests for treatments were noted to include the continuation of Hysingla Extended Release as a long-acting pain medication to provide long-term pain relief that is abuse-deferent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla extended release 30mg, 1 tablet daily quantity 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Hysingla.

Decision rationale: Per the ODG guidelines regarding Hysingla, "Not recommended for first-line use for treatment of acute or chronic non-malignant pain. Short-acting opioids are recommended prior to use of long-acting opioids. See Opioids, long-acting. The FDA approved the extended-release (ER) single-entity opioid analgesic hydrocodone bitartrate (Hysingla ER, Purdue Pharma) with abuse-deterrent properties. Hysingla ER 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 product is indicated for treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Opioids are not recommended as a first-line treatment for chronic non-malignant pain in ODG." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of 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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any 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". Review of the available medical records reveals no documentation to support the medical necessity of Hysingla nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records noted that the injured worker has had multiple inconsistencies on urine toxicology tests, including positive findings for benzodiazepines, barbiturates, Phenobarbital, and THC. She also has had a history of doctor shopping and overdose on opioids. CURES report was done 2/2015 and was noted "showing 5 pages of hits so she is a chronic pain patient and needs to have her pain controlled by one provider." As MTUS recommends to discontinue opioids if there is no overall improvement in function, and in light of aberrant behavior, medical necessity cannot be affirmed and therefore is not medically necessary.