

Case Number:	CM15-0141901		
Date Assigned:	07/31/2015	Date of Injury:	12/07/2009
Decision Date:	08/28/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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

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

The injured worker is a 62-year-old male who sustained an industrial injury on 12-7-2009. He has reported severe bilateral knee pain and has been diagnosed with disruption internal knee and pain in joint lower leg. Treatment has included surgery, physical therapy, medications, medical imaging, chiropractic care, and injection. The right knee had a surgical scar over the anterior patella. He had tenderness of the right knee. There was crepitus and feelings of instability. The treatment plan included physical therapy and medication. The treatment request included Hysingla ER. A progress report dated April 10, 2015 states that the patient obtained tramadol from another doctor after being prescribed Hynsingla ER by the treating physician. The note indicates that the patient feels the medication is "quite effective." The medication was prescribed for postoperative use, but notes indicate that the surgery was denied since he has not had exhaustive physical therapy. Notes also indicate that the patient has previously been taken off all opiate pain medication after going through a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 40mg QTY: 30 (DOS: 04/10/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s):

78, 80-81, 88. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Hysingla.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Regarding the request for Hysingla ER 40mg QTY: 30 (DOS: 04/10/2015), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, it appears the patient has received tramadol from another doctor, a red flag for opiate prescribing. Furthermore, this medicine appears to have been prescribed for postoperative physical therapy, but the surgery was not authorized. Finally, the patient was discontinued from opiate pain medication during the course of a functional restoration program, and it is unclear why opiates have now been restarted. In light of the above issues, the currently requested Hysingla ER 40mg QTY: 30 (DOS: 04/10/2015) is not medically necessary.