

Case Number:	CM15-0145064		
Date Assigned:	08/06/2015	Date of Injury:	06/21/2011
Decision Date:	09/23/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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 45-year-old female, with a reported date of injury of 06-21-2011. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include chronic right knee pain, low right total knee arthroplasty tibial component, degenerative arthritis of the right knee, and degenerative medial meniscus tear of the right knee. Treatments and evaluation to date have included oral medications, right knee arthroplasty and revision, physical therapy, and topical pain medication. The diagnostic studies to date were not indicated. The medical report dated 05-04-2015 indicates that Hysingla 30mg caused sedation and was discontinued. The current opiate pain medication included Norco. Her activities of daily living remained limited since her right total knee arthroplasty, and her increased pain and swelling continued to persist. The medical report dated 06-08-2015 indicates that range of motion of the knee had improved since the injured worker's last evaluation. There was documentation that Hysingla 30mg was taken nightly, which had resolved the sedation throughout the day. It was noted that the medication had decreased pain by greater than 50%, and had also increased her sleep duration to six hours at night. It was also noted that Hysingla 30mg would be increased to 40mg nightly, since it had been beneficial and no adverse symptoms had been reported. The report indicates that the injured worker's activities of daily living continued to remain limited since her right total knee arthroplasty. She stated that with her current medications, her activities were tolerated. The injured worker rated her pain 4-8 out of 10 throughout the day. There was evidence that her pain level had decreased since the prior evaluation. It was noted that her pain

level throughout the day at the prior evaluation was rated 7-9 out of 10. The physical examination showed a mildly antalgic gait on the right; use of a cane; a well-healed non-tender scar on the anterior knee; decreased right knee range of motion, right anterior patellofemoral tenderness; right lateral joint tenderness; right medial joint tenderness; right knee effusion; and decreased right knee extensors. The long-term goals of treatment include increased activities of daily living after pain medication control has improved; and increased independent exercise program to increase core strength and mobility once pain medication control has improved. The injured worker's disability and work status was not indicated. The treating physician requested Hysingla extended-release 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER (extended release) 40 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Hysingla seemed to have helped reduce pain, and improve sleep duration with the 30 mg per day dose and frequency. This request is for an increase in the dose from 30 mg to 40 per day to further improve her pain levels and quality sleep, which is not quite normal yet (still two times interrupted at night from pain and only 6 hours of sleep), warranting an increase in the dose in without surpassing Guideline recommended upper limits of opioid use. Upon review of the notes available, there was no information present which would categorize this increase as contraindicated in the setting of this worker's persistent chronic pain. Therefore, the request for trial of Hysingla ER 40 mg will be considered medically appropriate and necessary at this time, with an expectation for a close follow-up on function and pain levels to follow to help justify continuation.