

Case Number:	CM15-0145504		
Date Assigned:	08/07/2015	Date of Injury:	06/20/2013
Decision Date:	09/24/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 56 year old male, who sustained an industrial injury on 6-20-2013. The mechanism of injury is not indicated. The injured worker was diagnosed as having left elbow tendonitis with minor degenerative joint disease, left shoulder tendonitis and impingement, abnormal liver function tests, constipation, and generalized abdominal pain. Treatment to date has included right shoulder arthroscopy, medications, and ultrasound of the abdomen (6-4-2015). The request is for Hysingla ER. On 1-26-2015, he reported ongoing left shoulder pain with radiation into the left arm, and persistent left elbow pain. He is noted to have limited range of motion to the left shoulder and a positive impingement sign. He was unable to have left shoulder surgery in December 2014, due to high liver function test results. He is awaiting gastrointestinal consultation. He reported no adverse side effects with his current pain medications and is able to function well without much pain. His medications are: Percocet. He is on modified work status. On 2-13-2015, he indicated his medications were: Oxycodone, Niaspan, Norco, Celebrex, Levothyroxine, and Toprol xl. He is being evaluated for renal clearance for surgery. He denied abdominal pain, nausea, vomiting. He reported pain in the epigastrium and has had a bleeding ulcer previously with the last one noted 6 months prior. He denied genitourinary issues. On 3-9-2015, she presented for his elevated liver chemistry evaluation. His medications are listed as: ibuprofen, tirosint, and Toprol xl. The treatment plan included: abdominal ultrasound and blood work. On 4-1-2015, he reported bilateral shoulder and bilateral elbow pain. He indicated Butrans patches made him dizzy. He continued Ibuprofen and Tramadol. The treatment plan included: modified work duty, Butrans patches at a lower dose, and Celebrex. On 5-15-2015, he is seen for elevated liver chemistry and constipation. On 7-8-

2015, he reported continued left shoulder and left elbow pain with weakness of the left upper extremity. He also had neck and low back pain from a recent car accident. He is indicated as no longer being able to take Norco, and was prescribed Butrans patches in its place to protect his liver. The provider noted that Butrans had been denied by the insurance and was then prescribing Hysingla in its place and the need to place him on medications with abuse deterrent properties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla extended release 20mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 76.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter under Hysingla.

Decision rationale: The current request is for Hysingla extended release 20mg quantity 30. The RFA is dated 07/08/15. Treatment to date has included right shoulder arthroscopy, medications, and ultrasound of the abdomen (6-4-2015). The patient is on modified duty. ODG Guidelines regarding the Pain (Chronic) chapter under Hysingla states the following: 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. See Opioids for chronic pain. The FDA also approved another extended-release single-entity Hydrocodone drug, Zohydro in October 2013. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time MTUS states that Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities. On 7-8-2015, the patient reported continued left shoulder and left elbow pain with weakness of the left upper extremity. He also had neck and low back pain from a recent car accident. The provider noted that Butrans had been denied by the insurance and initiated a trial of Hysingla in its place. This patient has tried Norco but has liver problems. Butrans made the patient dizzy and now the request is for a trial of Hysingla. Given the patient's chronic pain condition, trial of this medication to determine functional benefits may be reasonable. The request IS medically necessary.