

Case Number:	CM15-0149102		
Date Assigned:	08/12/2015	Date of Injury:	07/11/2007
Decision Date:	09/15/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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 7-11-2007. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar sprain-strain, lumbar disc protrusion, bilateral hip pain, history of right shoulder sprain-strain, and history of diabetes. Currently, he complained of having a flare up of low back pain with symptoms radiating down the left leg. Pain was rated 4 out of 10 VAS at best with medications and 10 out of 10 without medications. There was 50% pain reduction and 50% improvement in functional ability documented with the use of medications. On 6-15-15, the physical examination documented decreased lumbar range of motion and sensation in the left leg and foot. There were muscle spasms and tenderness palpated. The left hip was tender with painful range of motion. A positive impingement sign with crepitus was found in the right shoulder. The plan of care included a request to authorize a prescription for Hysingla ER (Hydrocodone) 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #60: Overturned

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

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

Decision rationale: The MTUS guidelines note that opioids may be continued in chronic pain management if there is evidence of improvement in pain and function. In this case, the injured worker is followed for chronic pain and the medical records note subjective and functional improvement with the current medication regimen. The medical records also note that non-opiate medications are also being utilized to manage the injured worker's chronic pain. The injured worker is noted to be complaint and has a pain contract on file. Urine drug screens have been appropriate and there is no evidence of abuse or diversion. The current cumulative morphine equivalent dosage is also less than the amount recommended by the MTUS guidelines. The request for Dilaudid 2mg #60 is medically necessary and appropriate.

Hysingla ER 20mg #30: Overturned

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

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

Decision rationale: The MTUS guidelines note that opioids may be continued in chronic pain management if there is evidence of improvement in pain and function. In this case, the injured worker is followed for chronic pain and the medical records note subjective and functional improvement with the current medication regimen. The medical records also note that non-opiate medications are also being utilized to manage the injured worker's chronic pain. The injured worker is noted to be complaint and has a pain contract on file. Urine drug screens have been appropriate and there is no evidence of abuse or diversion. The current cumulative morphine equivalent dosage is also less than the amount recommended by the MTUS guidelines. The request for Hysingla ER 20mg #30 is medically necessary and appropriate.