

Case Number:	CM15-0161620		
Date Assigned:	08/28/2015	Date of Injury:	03/15/2012
Decision Date:	10/02/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 36 year old female, who sustained an industrial injury on 3-15-12. She reported immediate onset of back pain after tripping and falling. The injured worker was diagnosed as having lumbar radiculitis, myofascial pain syndrome, piriformis syndrome, chronic pain syndrome and encounter for long term use of medications. Treatment to date has included lumbar epidural steroid injections, oral medications including Gralise Er 300mg, Gralise Er 600mg, Vicodin, Oxycontin, Gabapentin and Tramadol 50mg; physical therapy, chiropractic treatment and acupuncture. Currently 7-16-15, the injured worker complains of burning pain and numbness of arms and hands, headache, burning back and leg pain to the toes and rates the pain 8 out of 10 currently. She is currently unemployed. Physical exam performed on 7-16-12 revealed normal gait, tenderness on palpation of paravertebral muscles of cervical spine with tenderness at the paracervical muscles and trapezius. Multiple myofascial trigger points are noted. The treatment plan included referral to neurosurgeon, trial of transcutaneous electrical nerve stimulation (TENS) unit, heat-ice, request for authorization for Hysingla 20mg and continuation of Gralise, Tramadol and cambia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla Extended-Release 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Hysingla (hydrocodone); Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hysingla.

Decision rationale: According to the ODG and MTUS, Hysingla ER (Hydrocodone bitartrate extended-release) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of pain relief effectiveness or functional status from opioid medications. She has utilized opioid medications since at least 1-26-15. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested Hydrocodone is not medically necessary.