

Case Number:	CM15-0164185		
Date Assigned:	09/01/2015	Date of Injury:	07/22/2002
Decision Date:	10/06/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 76 year old female, who sustained an industrial injury on July 22, 2002. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic intractable low back pain, chronic intractable knee pain status post total knee replacement, chronic daily headaches and chronic intractable cervical pain. Treatment to date has included diagnostic studies, epidural steroid injection, acupuncture, surgery, exercise and medication. On June 4, 2015, the injured worker complained of increased pain. The area of pain was not specified. Notes stated she was no longer using Butrans patch for around-the-clock pain control and has been currently managing her pain with Norco medication. She was agreeable to trying a different around-the-clock pain medication. The treatment plan included Hysingla 20mg for around-the-clock pain control, continued Norco for breakthrough pain, Senna-S, follow-up visits and continued exercise program. A request was made for Hysingla 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.