

<b>Case Number:</b>	CM15-0168509		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: North Carolina

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 64 year old female, who sustained an industrial injury on 03-16-2009. The mechanism of injury was not mentioned. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, neck pain and back aches. Medical records (04-22-2015 to 07-15-2015) indicate there is new back pain with radicular pain into the bilateral legs and described as worsening with a pain severity rating of 9 out of 10 increased from 7 out of 10. The injured worker also reported incontinence and described her right leg pain as constant, throbbing, and stabbing. Records also indicate a new injury resulting from the previous injury and treatment with worsening of pain and increased disability, as well as a recent fall (04-2015). Per the orthopedic physician's progress report (PR) (06-2015), the injured worker is not working. The physical exams, dated 06-01-2015 and 07-15-2015, revealed no changes in the physical exam findings which showed restricted range of motion in the lumbar and cervical spines, right arm radicular pain, decreased hand grip strength in the right hand, radiating pain into the bilateral lower extremities, and decreased reflexes in the lower extremities. Relevant treatments (per the PR) have included OxyContin which was helpful in relieving the injured worker's pain but was previously denied by the insurance carrier, epidural blocks with 66% improvement, 6 failed back surgeries, and 2 cervical fusion surgeries. Current pain medications include Norco, OxyContin, Neurontin, Lyrica, Cymbalta, and Soma which have been prescribed since at least 01-2015, and Dilaudid since 07-06-2015. Additionally, the PR states that the injured worker has a pain contract and is undergoing regular drug testing and pill counts. The treating physician indicates that a CT scan of the lumbar spine (04-2015)

revealed multilevel severe disc degenerative changes from L2-S1, additional disc bulging with osteophytes at L2-3 and L3-4, and worsening of bilateral narrowing at L5-S1 and urine drug screenings (03-02-2015 and 04-2015) which have been consistent with treatment. The request for authorization (07-15-2015) shows that the following medication was requested: Hysingla 20mg #60. The original utilization review (07-29-2015) denied the request for Hysingla 20mg #60 due to the absence of documented quantifiable pain relief and functional improvement, appropriate medication use, presence of aberrant behaviors, and side effects.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hysingla 20mg #60: Upheld**

**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): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or

irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.