

Case Number:	CM15-0181240		
Date Assigned:	09/30/2015	Date of Injury:	07/22/2002
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 7-22-12. The injured worker is being treated for chronic intractable low back pain, chronic intractable knee pain, chronic daily headaches and chronic intractable cervical pain. It is noted recent urine drug screen was consistent with medications prescribed. Treatment to date has included trial of Hysingla (which reduced her pain breakthrough episodes to 1-2 per day), Norco, Zomig, total knee replacement (2004), physical therapy and home exercise program. On 7-9-15 and 8-13-15, the injured worker complains of continued left knee pain and edema. Documentation does not state pain level, duration of pain relief or improved functional abilities following medications. On 7-9-15 and 8-13-25 physical exam revealed mildly antalgic gait, left tenderness at the patella, mild edema of the knee joint without evidence of instability and lumbar tenderness at sacroiliac joints bilaterally with mild paraspinal muscle spasm in the lumbar region. The treatment plan included orthopedic surgeon evaluation of left knee, Hysingla ER 20mg, Norco 10-325mg, Senna-S, and continuation of Zomig. On 8-25-15 a request for Hysingla ER 20mg was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20mg (1) QD for 30 days #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 for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in July 2012 and continues to be treated for chronic low back pain. She has a history of an L3 compression fracture treatments with kyphoplasty without improvement. On 06/04/15 she was taking Norco up to four times per day. A sustained release medication was discussed and a trial of Hysingla ER was started. In July 2015 she had found the medication helpful. She was continuing to take Senna-S for constipation which was effective. When seen, she was having less frequent breakthrough pain. She had been able to decrease Norco. Physical examination findings included a mildly left antalgic gait. There was left knee tenderness with mild edema. There was mild lumbar paraspinal spasm and bilateral sacroiliac joint tenderness. There was decreased left first toe extension strength. Norco and Hysingla ER were prescribed. Hysingla is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Hysingla is not recommended as a first-line treatment. There are preferred sustained release opioid medications that are available without identified contraindication in terms of a trial of use. The request cannot be accepted as being medically necessary.