

Case Number:	CM15-0181480		
Date Assigned:	09/22/2015	Date of Injury:	07/07/2010
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 56 year old male, who sustained an industrial injury on 7-7-10. The injured worker is undergoing treatment for shoulder joint pain, lumbago, lumbar degenerative disc disease (DDD), bulging lumbar disc, lumbar facet arthropathy, post laminectomy syndrome and sciatica. Medical records dated 7-30-15 indicate the injured worker complains of low back pain radiating to both legs reduced from 5 out of 10 to 4 out of 10 with Nucynta. The plan is for a "trial of Hysingla in an attempt to discontinue Norco and achieve better management of his constant chronic pain." Physical exam dated 7-30-15 notes slow antalgic gait with use of single crutch, "decreased range of motion (ROM) of the back due to pain," lumbosacral sensory deficits and positive straight leg raise. There is "good range of motion (ROM) of knee, slightly tender, positive crepitus and positive swelling." Treatment to date has included Lyrica, lumbar epidural steroid injection, spinal cord stimulator trial, Gabapentin, amitriptyline, Cymbalta, H-wave, surgery, Transcutaneous Electrical Nerve Stimulation (TENS) unit, Trazadone and Norco. The original utilization review dated 8-28-15 indicates the request for trial of Hysingla ER 24 hour abuse-deterrent 30mg #30 is non-certified noting the patient has effectively decreased opioid use down to 3 Norco daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Hysingla ER 24 hour abuse-deterrent 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Hysingla.

Decision rationale: Per the ODG guidelines regarding Hysingla, "Not recommended for first-line use for treatment of acute or chronic non-malignant pain. Short-acting opioids are recommended prior to use of long-acting opioids. See Opioids, long-acting. The FDA approved the extended-release (ER) single-entity opioid analgesic hydrocodone bitartrate (Hysingla ER, [REDACTED]) with abuse-deterrent properties. Hysingla ER has properties that are expected to reduce, but not totally prevent, abuse of the drug when chewed and then taken orally, or crushed and snorted or injected. The product is indicated for treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Opioids are not recommended as a first-line treatment for chronic non-malignant pain in ODG." Per the medical records submitted for review, it was noted per progress report dated 7/30/15 that the injured worker reported reduction of pain from 5/10 to 4/10 with the use of Nucynta. Per progress report dated 5/19/15, he reported continued benefit with the use of his pain medications which allow him to remain active with walking 1 mile QD with his dogs with frequent stopping breaks for exercise as well as waters his plants daily. The plan was for a trial of Hysingla in an attempt to discontinue norco and achieve better management of his chronic pain. Review of the submitted documentation does not support a trial of Hysingla, the injured worker does not present with aberrant behavior. The request is not medically necessary.