

Case Number:	CM15-0181809		
Date Assigned:	09/23/2015	Date of Injury:	07/08/1996
Decision Date:	10/27/2015	UR Denial Date:	09/11/2015
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: 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 73 year old male, who sustained an industrial injury on 7-8-96. The injured worker is undergoing treatment for phantom pain from right below the knee amputation (7-8-96) right below the knee amputation ulceration from weight bearing on prosthesis, chronic pain, depression sleep impaired by pain left knee pain and left total knee arthroplasty (7-8-96). Medical records dated 8-31-15 indicates the injured worker complains of phantom pain in the right leg and left knee pain and sleep disturbance. Pain is rated 2 out of 10 at best and 5 out of 10 at worst improved from previous visit of 6 out of 10. Function is improved as demonstrated by increased time spent doing laundry and cleaning and showering. Physical exam dated 8-31-15 notes decreased fluid of the left knee and "no further tenderness to palpation." The right below the knee amputation stump ulcer has resolved. Treatment to date has included surgeries, therapy, medication and home exercise program (HEP). A note dated 5-21-15 indicates "Hysingla was approved on 4-15-15 for longer acting analgesic than Norco 10-325mg." The original utilization review dated 9-10-15 indicates the request for Hysingla ER 20mg #15 is non-certified noting patient has been on long-term use of the medication without documented objective and functional improvements and the provider had already been allowed sufficient time to completely wean off medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20mg 15 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant has a remote history of a work injury occurring in July 1996 and continues to be treated for right lower extremity pain after a below knee amputation, left knee pain status post partially successful total knee replacement, constipation, depression, and insomnia. In April 2015 Norco was being prescribed and Hysingla was added for longer acting analgesia. When seen, medications were providing more than 50% pain relief. He had been able to decrease his use of Norco with the addition of Hysingla. Physical examination findings included a body mass index of over 30. He was effectively using his prosthesis. He had moderately decreased back range of motion, limited by pain. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hysingla is a sustained release opioid used for treating baseline pain. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. However, Hysingla is not recommended as a first-line treatment. In this case, there are preferred sustained release opioid medications that are available without identified contraindication in terms of a trial of use. The request is not medically necessary.