

<b>Case Number:</b>	CM15-0182286		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/10/2007
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 41 year old male who sustained an industrial injury on August 10, 2007. A therapy follow up visit dated May 14, 2015 reported chief subjective complaint of: "right knee, shoulder pain." The pain is described as "sharp, stabbing, cramping, shooting, burning, tingling, aching, nagging, throbbing, and severe." He rates the pain an "8" out of 10 in intensity at its worst and its best last week was "3" out of 10. The pain is constant, lasting throughout the day. Current medication regimen consisted of: Amitiza, Brintellix, Naprosyn, Norco, Gabapentin, omeprazole, Abilify and Tizanidine. The following diagnoses were applied to this visit: cervicobrachial syndrome; unstable spine disorders of sacrum; internal derangement of knee not elsewhere classified; follow up surgery not elsewhere classified, and adjustment disorder with depressed mood. The Abilify noted discontinued. At a consultation visit dated August 10, 2007 the chief subjective complaint was: "right knee pain and low back pain as well as right shoulder pain." Current medication regimen consisted of: Norco, Naproxen, Omeprazole, Abilify, Amitiza, Brintellix, and Gabapentin. On August 20, 2015 a request was made for Norco 10mg 325 mg #180, and Hysingla 20mg #30 which were noncertified due to documentation provided did not provide adequate evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, not recommended for a first line of treatment.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

**Decision rationale:** The claimant sustained a work injury in August 2007 when, while driving a tractor at night, he fell and front wheel of the tractor rolled over his right knee. He continues to be treated for chronic pain. When seen, he was having constant pain rated at 3/10. He was having throbbing pain into his right leg to his foot. He had locking, swelling, and weakness. He was having moderate difficulty with activities of daily living. Physical examination findings included bilateral knee crepitus and bilateral medial and lateral joint line tenderness. There were multiple trigger points. There was decreased and painful lumbar spine range of motion with muscle spasms. He had decreased lower extremity strength and there were right lower extremity paresthesias. There was a moderately antalgic gait. He had positive right McMurray, patellar compression, and Slump testing with positive sacroiliac joint compression testing. Medications were refilled. Norco and Hysingla were being prescribed at a total MED (morphine equivalent dose) of 80 mg per day. 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 also not recommended as a first-line medication. Continued prescribing is not medically necessary.

**Norco 10/325mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in August 2007 when, while driving a tractor at night, he fell and front wheel of the tractor rolled over his right knee. He continues to be treated for chronic pain. When seen, he was having constant pain rated at 3/10. He was having throbbing pain into his right leg to his foot. He had locking, swelling, and weakness. He was having moderate difficulty with activities of daily living. Physical examination findings included bilateral knee crepitus and bilateral medial and lateral joint line tenderness. There were multiple trigger points. There was decreased and painful lumbar spine range of motion with muscle spasms. He had decreased lower extremity strength and there were right lower

extremity paresthesias. There was a moderately antalgic gait. He had positive right McMurray, patellar compression, and Slump testing with positive sacroiliac joint compression testing. Medications were refilled. Norco and Hysingla were being prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough 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. Continued prescribing is not medically necessary.