

Case Number:	CM15-0184318		
Date Assigned:	09/24/2015	Date of Injury:	10/07/2005
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This 50 year old man sustained an industrial injury on 10-7-2005. Diagnoses include post-traumatic headaches, adhesive capsulitis, and lumbar strain. Treatment has included oral medications, psychological care, and home exercise regimen. Physician notes dated 7-21-2015 show complaints of right shoulder pain rated 8-10 out of 10 with popping and clicking with radiation to the neck and right arm, right rib pain rated 7-9 out of 10, low back pain rated 4-8 out of 10 with radiation up the back and burning to the legs, bilateral arms and legs with burning pain and constant dizziness. The physical examination shows deep tendon reflexes, sensation and strength are normal, straight leg raise is negative, pain is noted with palpation to the right ribs and lumbar spine, and the right shoulder is unable to move secondary to pain. PHQ-9 score results were 25 showing severe depression. Recommendations include orthopedic surgery follow up, Trazadone, thermacare patches, Lisinopril/HCTZ, Cymbalta, Norco, Dexilant, Promethazine, Celebrex, Baclofen, Atenolol, Colace, Gabapentin, Hysingla, continue home exercise program, continue counseling, and follow up in one month. Utilization Review denied requests for Norco and Hysingla. The Norco was modified due to lack of evidence of functional improvement while taking this medication and no change in work status after returning to work, Norco is certified at a reduced amount to allow for weaning. Hysingla was denied as it is only recommended for short-term use and that long-term use of opioids have provided any notable improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20mg #1: 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 (Chronic) - Hysingla (Hydrocodone bitartrate).

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, Purdue Pharma) 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 MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals no documentation to support the medical necessity of continued opiate therapy nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The medical records indicate that the injured worker has been using Norco long term. The notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.