MAXIMUS Federal Services

Case Number:	CM15-0187411		
Date Assigned:	09/29/2015	Date of Injury:	01/28/2011
Decision Date:	11/06/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/23/2015

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 year old female, who sustained an industrial injury on January 28, 2011, incurring neck, shoulder, upper back and lower back injuries. She was diagnosed with lumbar disc disease, lumbar radiculopathy, rotator cuff syndrome of the shoulder and cervical disc disease. Treatments included anti-inflammatory drugs, pain medications, and neuropathic medications, trigger point injections, six sessions of physical therapy and lumbar sacral orthosis and activity restrictions. Currently, the injured worker complained of persistent cervical pain with limited range of motion, left shoulder pain, nausea and vomiting related to the chronic pain, migraine headaches, neck stiffness, vestibular dysfunction and photophobia aggravated by epidural steroid injection. She complained of left hip pain aggravated by lumbar epidural steroid injection. Trigger point injections performed on August 25, 2015 were beneficial in reducing her pain by over 50% and increased her activities of daily living. Due to the consistent pain, the injured worker developed anxiety, stress, nervousness, depression and memory loss. The treatment plan that was requested for authorization on September 23, 2015, included a prescription for Hysingla ER 2 mg #30. On September 21, 2015, a request for a prescription of Hysingla ER was denied 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 2mg daily for severe pain (RX 09/01/15) qty: 30: 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, Opioids, long-term assessment. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in January 2011 and is being treated for chronic neck, left shoulder, and left hip pain, chronic lumbar pain with radiculopathy, migraine headaches, and secondary depression, anxiety, stress, and memory loss. When seen, medications referenced include Hysingla ER, Butrans, Zorvolax, and Brintellix. Botox injections done three weeks before had helped with migraines. Physical examination findings included minimal left lower extremity weight bearing. She required assistance x 2 to stand from a seated position. There was decreased spinal and left shoulder range of motion. There was greater trochanteric bursa tenderness with positive right straight leg raising. Hysingla ER is being requested. 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 and the claimant is taking multiple medications that are not first-line medications. There are other available sustained release opioid medications that could be considered. For any of these reasons, the request cannot be accepted as being medically necessary.