

Case Number:	CM15-0188337		
Date Assigned:	09/30/2015	Date of Injury:	07/13/2005
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/24/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 is a 63 year old male with a date of injury on 7-13-2005. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome and cervical intervertebral disk (IVD) disorder with myelopathy. Medical records (2-18-2015 to 9-9-2015) indicate ongoing neck and arm pain. He reported taking 8 Hydrocodone 10 per day, which allowed him to work. He rated his average pain 6 out of 10. According to the progress report dated 9-9-2015, the injured worker was willing to taper Hydrocodone to 7 per day. The physical exam (9-9-2015) revealed tenderness along the flexor tendon of the right thumb. There was decreased motion of the cervical spine. Treatment has included medications. Current medications (9-9-2015) included Hydrocodone 10-325, Zorvolex and Gabapentin. The original Utilization Review (UR) (9-16-2015) denied a request for Hyslingla.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 40mg, #30 (Prescription date: 9/9/15): 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 for chronic pain.

Decision rationale: CA MTUS states that long-acting opioids are a highly potent form of opiate analgesia. They are typically utilized to supply round-the-clock analgesia in patients with severe pain. In this case, the claimant complains of chronic neck and arm pain despite the use of Norco, Zorvolex and Gabapentin. Within the medical records submitted for review, there is no rationale provided regarding the necessity of a long-acting opioid. Therefore, the request is not medically necessary or appropriate.