

<b>Case Number:</b>	CM15-0189569		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/20/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Texas, California

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 45-year-old female with a date of industrial injury 11-20-2014. The medical records indicated the injured worker (IW) was treated for radiculopathy, bilateral L5, status post fall. In the progress notes (8-7-15), the IW reported no change in her status or condition. She rated her pain 7 out of 10 and complained of numbness in both legs. The notes stated she was taking Hysingla ER (first prescription) and Naproxen. On examination (8-7-15 notes), seated straight leg raising was positive bilaterally. Range of motion of the lumbar spine was 60 degrees forward flexion and 20 degrees extension, with pain on motion. Treatments included a lumbar injection on 6/12/15, which helped her pain for only a couple of days; physical therapy and medications. The IW was temporarily totally disabled. There was no urine toxicology report available for review. A Request for Authorization was received for Hysingla ER 200mg #30. The Utilization Review on 8-26-15 non-certified the request for Hysingla ER 200mg #30. The patient has had MRI of the lumbar spine on 1/20/15 that revealed disc protrusions, and severe bilateral foraminal narrowing. The medication list includes Vicodin, gabapentin and Naproxen. Per the note dated 9/4/15, the patient had complaints of low back pain with numbness and radiculopathy in lower extremity. Physical examination of the low back revealed decreased reflexes and positive SLR. The patient has had obesity and BMI 37.2. A recent urine drug screen report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hysingla ER 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** This is an opioid analgesic- Hydrocodone, prescribed in an extended release formulation. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic. These are not specified in the records provided. MTUS guidelines also recommend a urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) and other non-opioid medications (antidepressants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. A detailed rationale for prescribing extended release Hydrocodone was not specified in the records specified. The medical necessity of Hysingla ER 200mg #30 is not established for this patient, given the records submitted and the guidelines referenced.