

Case Number:	CM15-0190437		
Date Assigned:	10/02/2015	Date of Injury:	07/25/2006
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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:

The injured worker is a 50 year old male with an industrial injury dated 07-25-2006. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, degeneration lumbar lumbosacral disc, sciatica, and disorders of the sacrum. According to the progress note dated 07-21-2015, the injured worker presented for follow up of chronic low back and bilateral lower extremity pain. The injured worker reported that the pain is worse with bending and lifting at the waist level and made better with rest and medication. The injured worker takes Hysingla ER and has no side effects. He also takes Rozerem 8mg at bedtime for sleep as needed and Lyrica 50 mg. Current pain level was not documented. According to the progress note dated 08-24-2015, the injured worker reported that he has not been able to get his Hysingla ER or Lyrica and has been utilizing Ibuprofen which helped very mildly. He also reported utilizing left over gabapentin. Current Medications: Rozerem 8 mg, Hysingla ER 80 mg and Lyrica 100 mg capsule. Other medications list includes, Ibuprofen, Tramadol, and methadone. Current pain level was not reported. Objective findings (07-21-2015 to 08-24-2015) revealed antalgic gait, spasm and guarding in the lumbar spine. The patient has had 30-40% pain relief with Hysingla ER and had 10/10 pain without Hysingla ER. The patient had short acting Norco and extended release Morphine without significant relief in pain. The patient has had pain relief and functional improvement with the use of Hysingla ER. The patient has had signed opioid pain contract in 6/28/2010. Treatment has included Magnetic Resonance Imaging (MRI) of lumbar spine dated 07-15-2008 & 07-09-2009, Electromyography (EMG) & nerve conduction studies (NCS) of the bilateral lower extremities

on 04-27-2007, prescribed medications, physical therapy, acupuncture therapy, epidural injections, home exercise program and periodic follow up visits. The treatment plan included medication management. The treating physician (08-24-2015) reported that the urine screen performed at last visit was consistent with his medication use. Medical records indicate that the injured worker has been on Hysingla ER and Rozerem 8mg since at least April 2015. The treating physician prescribed Hysingla ER 80 mg tab sig: 1 tab po q day #30 and Rozerem 8mg tablet sig: take 1 at bedtime #30. The utilization review dated 09-18-2015, non-certified the request for Hysingla ER 80 mg tab sig: 1 tab po q day #30 and Rozerem 8mg tablet sig: take 1 at bedtime #30. The patient has had UDS that was consistent on 6/2/ 2015. The patient has a history of anxiety and depression. The patient sustained the injury due to twisting of low back when he was carrying a heavy object on the ladder. The patient has had MRI of the lumbar spine on 7/9/09 that revealed foraminal narrowing, and degenerative changes. The patient had received an unspecified number of PT visits for this injury. A recent detailed psychiatric examination 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 80 mg tab sig: 1 tab po q day #30: Overturned

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 (updated 09/08/15) Online version.

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

Decision rationale: Request: Hysingla ER 80 mg tab sig: 1 tab po q day #30. This is an opioid analgesic and contains hydrocodone 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." 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." The patient has had diagnosis of lumbar disc displacement without myelopathy, degeneration lumbar lumbosacral disc, sciatica, and disorders of the sacrum. According to the progress note dated 07-21-2015, the injured worker presented for follow up of chronic low back and bilateral lower extremity pain. Objective findings (07-21-2015 to 08-24-2015) revealed antalgic gait, spasm and guarding in the lumbar spine. The patient has had MRI of the lumbar spine on 7/9/09 that revealed foraminal narrowing, and degenerative changes. Therefore the patient has chronic pain along with significant abnormal objective findings. The patient has had 30-40% pain relief with Hysingla Er and had 10/10 pain without Hysingla ER. The patient had short acting Norco and extended release Morphine without significant relief in pain. The patient has had pain relief and functional improvement with use of Hysingla ER. The patient has had a trial of non opioid medications

including a NSAID, Lyrica and Gabapentin for this injury. The injured worker has had no side effects with the use of Hysingla ER. The patient had signed an opioid pain contract in 6/28/2010. The treating physician (08-24-2015) reported that the urine screen performed at the last visit was consistent with his medication use. The patient has had a UDS that was consistent on 6/2/2015. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary. The request of the medication Hysingla ER 80 mg tab sig: 1 tab po q day #30 is medically necessary and appropriate in this patient.

Rozerem 8mg tablet sig: take 1 at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/08/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 09/30/15) Insomnia treatment Pain (updated 10/09/15) Insomnia treatment.

Decision rationale: As per the cited guideline "Recommend that treatment be based on the etiology, with the medications recommended below." "(3) Melatonin-receptor agonist: Ramelton (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential). One systematic review concluded that there is evidence to support the short-term and long-term use of Ramelton to decrease sleep latency; however, total sleep time has not been improved." A detailed history of insomnia is not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is 7/25/2006. A recent detailed evaluation by a psychiatrist for stress related conditions, that may be causing the insomnia, is not specified in the records provided. The medical necessity of the request for Rozerem 8mg tablet sig: take 1 at bedtime #30 is not fully established for this patient. Therefore, the request is not medically necessary.