

Case Number:	CM15-0206670		
Date Assigned:	10/27/2015	Date of Injury:	02/18/2004
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/21/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 60-year-old female, who sustained an industrial injury on February 18, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having fall injuries, chronic neck pain, chronic low back pain, fibromyalgia, depression due to chronic pain and left greater trochanter bursitis. Treatment to date has included aquatic therapy, chiropractic care and medication. On September 22, 2015, the injured worker presented for evaluation of neck and low back pain. She was noted to have completed four session of aquatic therapy and reported a considerable change with the chiropractic care and decreased frequency of her headache. She also reported a decrease of her medication. She was able to wean herself off Cymbalta and she was noted to be off of the Oxycodone medication that she was taking twice a day. She was reported using Hysingla ER and Lyrica. Notes indicated that she still had pain control with the Lyrica. On the day of exam, her current medication regimen included Hysingla ER, Lyrica, Propylene and Prilosec. Notes stated she had been stable on medications and she would eventually like to wean off all of the medications. The treatment plan included additional chiropractic care, Hysingla ER, Lyrica and a follow-up visit. A second prescription was provided for Hysingla ER to be dispensed on 10-22-15. On October 7, 2015, utilization review denied a request for Hysingla 20mg #30 (do not dispense until 10-22-15). A request for Hysingla 20mg #30 and Lyrica 75mg #90 with two refills was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 20mg #30 do not dispense until 10/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. The request is not medically necessary.