

Case Number:	CM15-0209392		
Date Assigned:	10/28/2015	Date of Injury:	05/27/2011
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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: 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 5-27-15. The injured worker is diagnosed with lumbar radiculopathy. Her work status is temporary total disability. Notes dated 6-2-15, 8-11-15 and 9-22-15 reveals the injured worker presented with complaints of low back pain that radiates to her right leg, neck, left shoulder, right wrist and hand and bilateral knee pain. A physical examination dated 8-11-15 and 9-22-15 revealed decreased lumbar range of motion, positive straight leg raise with pain reported, weakness in the big toe dorsiflexors and plantar flexor as well as hypoesthesia of an incomplete nature at L4-L5 dermatome distribution bilaterally. Treatment to date has included medications; Hysingla (9-2015) provide temporary relief, a TENS unit helps alleviated her pain and symptoms per note dated 9-22-15, right knee arthroscopy, cervical spine anterior discectomy, decompression and arthrodesis, left shoulder arthroscopy. Her pain is relieved by rest, activity modification, heat, brace, physical therapy, medications, cervical pillow and lumbar support per note dated 6-2-15. Diagnostic studies include electrodiagnostic studies and lumbar spine MRI. A request for authorization dated 9-22-15 for Hysingla 30 mg #45 non-certified, per Utilization Review letter dated 10-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 30mg #45: Upheld

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

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.