

Case Number:	CM15-0210267		
Date Assigned:	10/29/2015	Date of Injury:	12/03/2003
Decision Date:	12/09/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 41 year old female who sustained an industrial injury on 12-03-2003. According to a progress report dated 10-08-2015, primary pain was located in the right shoulder, neck and back. She reported some increasing burning, shooting pain in her right 1st-3rd phalanx. She also reported left shoulder pain. The burning stinging sensation started at the dorsal wrist and went up the entire arm into the shoulder. She reported an increase in overall pain levels since the denial of Amitriptyline which was approved at this visit. She was unable to swim for 2 months due to increased pain. Pain intensity with medication was rated 7-8 on a scale of 1-10 and 10 without medication. Functional improvement with medications was noted. The injured worker could walk, sit and stand for 15 minutes with medications versus 0 minutes without medications. Medications included Amitriptyline, Atenolol, Cymbalta, Deplin, Diltiazem, Famotidine, Lisinopril, Motrin, and Norco 10-325 mg 1 to 2 pills four times a day, Xanax and Zolpidem. Assessment included causalgia of upper limb, depressive disorder not elsewhere classified, insomnia unspecified, myositis and myalgia. Medications prescribed included Norco 10-325 mg 1 to 2 pills four times a day, Cymbalta and Amitriptyline. The provider noted that it was recommended that the injured worker be placed on a long-acting Hydrocodone such as Hysingla with an accompanying decrease in the short acting Hydrocodone-APAP. The provider noted that a request for authorization would be submitted for Hysingla 40 mg tablets to replace Norco equivalents. There had been no aberrant behaviors. A medication contract was noted. Work status was deferred to the agreed medical examiner. Documentation submitted for review showed use of Norco dating back to April 2015. A urine toxicology report dated 06-07-2015 was

consistent with prescribed medications. On 10-21-2015, Utilization Review non-certified the request for Hysingla 40 mg quantity 30 and authorized the request for Norco, Cymbalta and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 40mg qty: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. It is noted that this request for Hysingla is being made in an effort to transfer the IW from Norco to a more extended release opioid. However, the available medical record does not explain the rationale for maintaining this IW on both opioids or opioids at all for such an extended period. The prior UR authorized the Norco; however, the available medical record does not seem to support the continued use of opioids. The IW is using more appropriate first line medications with presumably good effect and there is no documentation of failure with those medications, which would necessitate the chronic use of opioids. As such, the request for Hysingla 40mg x 30 is not medically necessary.