

Case Number:	CM15-0210914		
Date Assigned:	10/29/2015	Date of Injury:	07/13/2005
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, 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 53-year-old female with an industrial injury date of 07-13-2005. Medical record review indicates she is being treated for lumbar degenerative disc disease, lumbar radiculopathy and lumbar spondylosis. Subjective complaints (09-01-2015) included complaints of low back pain "since 9 years." The pain is described as radiating to the bilateral lower extremities to the feet with numbness. "The onset was acute and 7 out of 10 in severity." The treating physician noted the injured worker reported reduction of her pain on Hysingla and Percocet. "She says that without the medication she would have severe pain causing her not to be able to do physical activities." "While on the medications she has better movement." Medications included Hysingla (at least since 04-28-2015) and Percocet, Zanaflex, Naproxen, Omeprazole, Ativan and topical sprays and creams. Prior medications included Morphine SR, Norco and Ambien. Objective findings (09-01-2015) noted pain on lumbar rotation range of motion. Sensation was intact to light touch, pinprick and vibration. Paraspinal tenderness was noted with decreased range of motion in the lumbar spine. The treating physician noted urine exam was consistent with medications and CURES was reviewed. The treating physician noted a recommendation of follow up with the office on a regimen of at least every 30- 45 days. The most recent urine drug screen is dated 06-01-2015 and "is consistent with current prescribed medication." On 10-08-2015 the request for Hysingla ER 40 mg # 30 was non- certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 40mg #30: Upheld

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 Chapter, updated 7/15/15, Hysingla.

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

Decision rationale: Hysingla is Hydrocodone which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months and recently in combination with other short acting opioids and NSAIDS. VAS pain score reductions with use of medication were not provided. The continued use of Hysingla along with other short acting opioids is not medically necessary.