

Case Number:	CM15-0215522		
Date Assigned:	11/05/2015	Date of Injury:	07/20/2004
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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 53 year old male, who sustained an industrial injury on 7-20-2004. The medical records indicate that the injured worker is undergoing treatment for low back pain flare-up with radicular symptoms in the left leg and history of disc herniation at L4-L5, L5-S1 impinging the left L4 and S1 nerve root. According to the progress report dated 10-6-2015, the injured worker presented with complaints of severe low back pain with radiation down his right leg. On a subjective pain scale, he rates his pain 8 out of 10, at best 4 out 10 with medications, and 10 out of 10 without. He reports 50% reduction in his pain and functional improvement with activities of daily living with the medications versus not taking them at all. The physical examination of the lumbar spine reveals antalgic gait, motor weakness (4 out of 5) with left thigh flexion, and sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. The current medications are Hysingla (since at least 6-4-2015), Ibuprofen, and Dexilant. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, home exercise program, and Toradol injections. On the 9-8-2015 progress note, work status was described as working. The original utilization review (10-19-2015) partially approved a request for Hysingla ER 20mg #10 (original request was for Hysingla ER 30mg #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 30 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 documented significant improvement in VAS scores for significant periods of time with pain decreased from a 8/10 to a 4/10. 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.