MAXIMUS Federal Services

Case Number:	CM15-0218897		
Date Assigned:	11/10/2015	Date of Injury:	11/12/2012
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 11-12-12. The injured worker has complaints of low back pain; some left-sided hip pain and knee pain. The injured worker has minimal discomfort with hip internal and external rotation and she has no trochanteric tenderness. Knee examination the injured worker has pain with patellar pressure and is stable to varus and valgus stress. Lumbar spine magnetic resonance imaging (MRI) on 9- 28-15 revealed status post laminectomies at L2 and L3; levoconvex curvature of the lumbar spine with the apex at L3; degenerative disc disease at L2-3 through L4-L5; mild facet arthropathy at L4-L5 and L5-S1 (sacroiliac) and moderate right neural foraminal narrowing at L2-L3 and L3-L4. Magnetic resonance imaging (MRI) of the knee showed a medial meniscus flap tear and degenerative change of the cartilage. The documentation noted that new plain films of her hip show excellent component positioning and evidence of ingrowth without further subsidence. The diagnoses have included lumbar-laminectomy with discectomy at L3-L4 level with right more than the left sciatica; status post left total hip replacement; left knee degenerative joint disease and right hip degenerative joint disease. Treatment to date has included left total hip arthroplasty on 2-4-15; physical therapy; aquatic therapy; lidoderm patches; epidural injections; lyrica; opana and dilaudid. The injured worker has been on opana since at least August 2015. The original utilization review (10-21-15) non-certified the request for opana IR 10mg, #90 (3 times a day) and hysingla 40mg, #90 (3 times a day). Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg, #90 (3x a day): 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, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in November 2012. She underwent a left total hip replacement in February 2015. She also has arthritis of her left knee. In September 2015 medications included Opana ER and Opana IR at a total MED (morphine equivalent dose) of 300 mg per day. Her medications had been adjusted in August 2015. When seen, left knee arthroscopic surgery was pending. She was having symptoms increased with prolonged walking with pain increasing from 4/10 to 8/10. She was performing an aquatic exercise program. In October 2015, she had pain rated at 6-9/10. She was taking Opana ER 20 mg three times per day at a daily MED of 240 mg. She was having insomnia. Medications are referenced as allowing her to tolerate therapy and commuting to appointments and as decreasing pain from 9/10 to 6/10. Physical examination findings included moderate bilateral lumbar and sacroiliac joint pain with paraspinal spasms. She had pain with lumbar range of motion. There was decreased left lower extremity strength. She had right gluteus medius tenderness. The plan references changing the extended-release Opana to MS Contin at 60 mg per day with immediate release Opana at 10 mg three times per day. However, Opana 10 mg #90 and Hysingla 40 mg #90 were requested. The claimant has a reported allergy to morphine derivatives. The total MED being requested remained at 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is two times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level and although medications were being adjusted, there was no weaning of the total morphine equivalent dose. The request is not considered medically necessary.

Hysingla 40mg, #90 (3x a day): 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, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in November 2012. She underwent a left total hip replacement in February 2015. She also has arthritis of her left knee. In September 2015 medications included Opana ER and Opana IR at a total MED (morphine equivalent dose) of 300 mg per day. Her medications had been adjusted in August 2015. When seen, left

knee arthroscopic surgery was pending. She was having symptoms increased with prolonged walking with pain increasing from 4/10 to 8/10. She was performing an aquatic exercise program. In October 2015 she had pain rated at 6-9/10. She was taking Opana ER 20 mg three times per day at a daily MED of 240 mg. She was having insomnia. Medications are referenced as allowing her to tolerate therapy and commuting to appointments and as decreasing pain from 9/10 to 6/10. Physical examination findings included moderate bilateral lumbar and sacroiliac joint pain with paraspinal spasms. She had pain with lumbar range of motion. There was decreased left lower extremity strength. She had right gluteus medius tenderness. The plan references changing the extended-release Opana to MS Contin at 60 mg per day with immediate release Opana at 10 mg three times per day. However, Opana 10 mg #90 and Hysingla 40 mg #90 were requested. The claimant has a reported allergy to morphine derivatives. The total MED being requested remained at 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is two times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level and although medications were being adjusted, there was no weaning of the total morphine equivalent dose. Additionally, Hysingla is not recommended as a first-line treatment and there are other preferred sustained release opioid medications that are available without identified contraindication in terms of a trial of use. The request cannot be accepted as being medically necessary for this reason as well.