

Case Number:	CM15-0040721		
Date Assigned:	03/10/2015	Date of Injury:	01/12/2007
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/03/2015

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 53 year old male who sustained an industrial injury on 01/12/2007. Current diagnoses include post-laminectomy syndrome lumbar region, spasm of muscle, lumbosacral spondylosis without myelopathy, degeneration thoracic/thoracolumbar disc, lumbago, cervicgia, sacroiliitis, and cervical spondylosis without myelopathy. Previous treatments included medication management, lumbar fusion, injections, activity modifications, physical therapy, and home exercise program. Report dated 02/05/2015 noted that the injured worker presented with complaints that included low back pain which radiates down the buttock into the legs/toes and headaches. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Current medications included Ambien, Atenolol, hydrocodone, Norco, and Vimovo. The treatment plan included continuing Norco, Vimovo, trial of Hysingla, discontinued fentanyl, and hold retriial of TN1 cream for the right shoulder. The physician noted that the injured worker has tried and failed Celebrex and Duexis, and fentanyl patches. The physician requested right sacroiliac joint injection and Hysingla ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 30mg one daily for pain, 30 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for chronic radiating low back pain. Multiple opioid medications have been tried without benefit. He currently is taking Norco but has ongoing pain. Hysingla ER is an extended-release forms of hydrocodone and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the prescribing of Hysingla ER was medically necessary.