

Case Number:	CM15-0040828		
Date Assigned:	03/11/2015	Date of Injury:	12/16/2008
Decision Date:	04/21/2015	UR Denial Date:	02/17/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 36-year-old female, who sustained an industrial injury on 12/16/2008. She was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbago and spondylosis of unspecified site without mention of myelopathy. Treatment to date has included diagnostic imaging, physical therapy, injections, work modifications, home exercises, aqua therapy, chiropractic, massage, occupational therapy, and medications. Per the SOAP note dated 2/05/2015 the injured worker reported increasing lower back pain currently rated as 7/10 on the VAS scale. The pain is described as sharp and burning with radiation into the bilateral legs. Physical examination revealed lumbar flexion limited to 45 degrees due to moderate low back pain; extension is limited to 15 degrees due to facet loading pain. Palpation of the lumbar facets elicits facet tenderness. Palpation of the bilateral quadratus lumborum and erector spinous muscles reveals spasm and twitching. Straight leg raise is positive bilaterally at 30 degrees. Her gait is antalgic and she ambulates with a cane. The plan of care included Hysingia ER, ESI, topical anti-inflammatory medication, Naproxen Sodium and follow up care. Authorization was requested on 1/05/2015 for Naproxen Sodium and Hysingia ER 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER (extended release) 20 mg Qty 30, take orally daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: HYSINGLA ER "is formed by hydrocodone bitartrate tablet, extended release. According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file; the patient has been using this medication for a long time without any objective documentation of functional improvement. There is no documentation of patient compliance with her medications. In addition, there is no documented updated and signed pain contract. Therefore, the prescription of Hysingla ER (extended release) 20 mg Qty 30, take orally daily is not medically necessary.