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| Case Number: | CM15-0040943 | | |
| Date Assigned: | 03/11/2015 | Date of Injury: | 04/02/2014 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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: California

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 44-year-old female patient, who sustained an industrial injury on 04/02/2014. A procedural report dated 02/02/2015 described the patient undergoing a right paramedian T12-L1 interlaminar epidural steroid injection; under fluoroscopy secondary to complaint of upper and mid back pains. A primary treating office visit dated 02/16/2015 reported a follow up visit after injection; with note, of no significant improvement in her pain. She continues to report bilateral axial low back pain with mild, left greater than right, lower extremity radicular pain. She states the axial symptoms are much more severe than the lower extremity radicular pains. She requires Norco around the clock; taking half a 10/325mg every 2-3 hours. She continues using Celebrex daily. The medical impression noted bilateral axial low back pain possible facet mediated; chronic bilateral L4 radiculopathy; lumbar spondylolisthesis; most significant at L4-5, L5-S1 and T12-L1 disk extrusion and L4-5 disk extrusion with preanterolisthesis and anular tear. The plan of care involved possible facet joint injections for both diagnostic and therapeutic reason. Initiation of medication Hysingla, offer Flector samples and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management with Hysingla 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

Decision rationale: Regarding the request for Hysingla (hydrocodone), this is a brand formulation of hydrocodone in long acting form. As an opiate pain medication, it should be initiated and continued per the opioid guidelines on pages 75-80 of the CPMTG. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Chronic Pain Medical Treatment Guidelines further specify discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient is status post epidural injection of T12-L1 without improvement and is using Norco (1/2 pill of 10/325mg formulation) around the clock every 2 to 3 hours. Therefore, the provider has ordered Hysingla ER presumptively to better control the patient's pain. In this case, it is unclear why a long acting hydrocodone was chosen, as the patient is not obtaining sufficient benefit from the short acting form of this drug. As such, there is no clear indication for the use of this medication. The currently requested Hysingla is not medically necessary.