

<b>Case Number:</b>	CM15-0050735		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/28/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Preventive Medicine, Occupational 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 43 year old male who sustained a work related injury on February 28, 2008. While helping to lift a floor on an oil rig, an elevator fell on his leg completely amputating the lower leg. He was diagnosed with a traumatic left below-the-knee amputation. He had developed pressure sores and painful neuroma from the prosthesis. Treatment included surgical intervention, physical therapy, pain medications, and neuropathy medications. Currently, the injured worker complained of increased neuroma pain. He has remained at work until recently when he was removed due to concern of stump breakdown. The treatment plan that was requested for authorization included a prescription for Hysinglar ER to add to short acting Hydrocodone. Previously the treating physician diminished the patients use of Benzodiazepines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hysinglar ER 40mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids steps to avoid misuse Page(s): 76-80.

**Decision rationale:** MTUS Guidelines support the judicious use opioids when there is meaningful pain relief, functional support and lack of aberrant drug related behaviors. Guidelines also support the use of long acting opioids when short acting opioids are proving to be insufficient. This individual has remained at work until recently while taking short acting opioids, however due to a developing neuroma and stump deterioration he has had increased pain and was taken off of work. Under these circumstances a trial of a long acting opioid is supported by Guidelines. Ideally, Guidelines recommend periodic urine drug screens and a review of CURES reporting as a component of chronic opioid use, in particular for around the clock coverage. However, the Guidelines do not say that this is mandatory, but is highly recommended. Under these unique circumstances the Hysinglar ER 40mg. #30 is supported by Guidelines and is medically necessary.