

Case Number:	CM15-0060939		
Date Assigned:	04/07/2015	Date of Injury:	02/28/2008
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/31/2015

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 2/28/08. The PR2 dated 2/10/15 noted that the injured worker presented for follow-up on below the knee amputation. The documentation noted that the injured worker is waiting to hear back from a doctor who is removing the neuroma which is causing pain. The injured worker is complaining that the pain is worse and the skin is breaking down. He is taking 3 Percocet each morning in addition to later and in on Lyrica. Objective findings noted that the injured worker has been having pressure sores on the lateral knee around the patella with erythema but no open skin yet and he has a little more tenderness form the pressure of the prosthetic. The diagnoses have included amputation leg, below knee; ulcer, peptic; anxiety and pain, low back, compensatory. Treatment plan was temporary total disability for the work status to keep him off of the stump; Norco; Hysingla extended release; Lyrica; Olmeprazole and to recheck the injury and treatment plan as necessary. The request was for Hysingla extended release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER (extended release) 30 mg Qty30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a traumatic below knee amputation as the results of a work injury in February 2008 and continues to be treated for chronic left lower extremity pain. When seen, there was skin breakdown with pressure ulcers and treatment for a neuroma was pending. He had increased pain despite medications including short acting opioids and Hysingla was prescribed at a total MED (morphine equivalent dose) of 70 mg per day. Hysingla (extended release hydrocodone) is a long acting opioid used for the treatment of baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management when there was increased pain despite the use of other medications. There were no identified issues of abuse or addiction. There were no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED being prescribed was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Hysingla was medically necessary.