

Case Number:	CM15-0081312		
Date Assigned:	05/04/2015	Date of Injury:	11/03/2012
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 66-year-old male who sustained an industrial injury on 11/03/2012. Diagnoses include status post right knee replacement with manipulation under anesthesia with persistent lack of mobility and cervical and lower back strain. Treatment to date has included medications, physical therapy and surgeries. Diagnostics included x-rays and MRIs. According to the Qualified Medical Re-examination dated 1/27/15, the IW reported ongoing knee, neck and back pain. The notes stated the IW was taking up to six Norco 10/325mg tablets per day, Gabapentin 400mg at bedtime and Tramadol 50mg two tablets daily. A request was made for Hysingla ER 80mg, #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) 80 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids such as Vicodin and Norco since 2003. No one opioids is superior to another. There was no mention of failure of 1st line medications such as tricyclics or Tylenol. Chronic use of opioids is not recommended and not medically necessary.