

Case Number:	CM15-0083745		
Date Assigned:	05/05/2015	Date of Injury:	07/09/2006
Decision Date:	06/05/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 49 year old male, who sustained an industrial injury on 7/09/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having status post lumbar fusion surgery 12/14/2009, right S1 radiculopathy, and chronic intractable pain. Treatment to date has included diagnostics, lumbar surgery, physical therapy, injections, and medications. Currently (3/11/2015), the injured worker complains of low back pain, with complaints of numbness radiating down the posterior aspect of his right lower extremity. He rated pain 3-4/10 with medication use and 7-8/10 without. Pain questionnaire noted average pain 5-6/10, worst pain 7-8/10, and lowest 3-4/10, with average relief of 1.5 hours. Current medication use included Motrin, Norco, and Percocet. He reported improved activities of daily living with medication use. His work status was permanent and stationary and he was noted to be "medically retired" and pursuing new career goals. A signed opioid therapy agreement was submitted. Recent pain management consult (3/10/2015) recommended Hysingla ER and Norco, noting that he was currently taking 4 Percocet daily and 6 Norco daily. X-rays of the lumbar spine were taken. Urine drug screen (3/10/2015) was inconsistent with prescribed medications. The treatment plan included Hysingla ER for long acting pain relief and Norco for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old male has complained of low back pain since date of injury 7/9/06. He has been treated with physical therapy, surgery, injections and medications to include opioids since at least 01/2015. The current request is for Hysingla. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hysingla is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old male has complained of low back pain since date of injury 7/9/06. He has been treated with physical therapy, surgery, injections and medications to include opioids since at least 01/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.