

Case Number:	CM15-0089183		
Date Assigned:	05/13/2015	Date of Injury:	08/04/2005
Decision Date:	06/25/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/08/2015

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 is a 46 year old male, who sustained an industrial injury on August 4, 2005. Treatment to date has included lumbar laminectomy, modified work duties, chiropractic therapy, physical therapy, medications and epidural steroid injection. Currently, the injured worker complains of low back pain. He reports that his low back pain continues to radiate to his left leg and left lateral heel. He reports that his use of OxyContin allows him to perform activities of daily living and he is able to walk 2-3 blocks every other day and perform daily stretching. He rates his pain a 4 on a 10-point scale. The diagnoses associated with the request include lumbar post-laminectomy syndrome, myofascial pain syndrome, and lumbar facet syndrome. The treatment plan includes Hysingla, Cymbalta, Topamax and OxyContin, work restrictions and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 60mg ER #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is 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 Norco fin the past with intolerance. The claimant was recently on Oxycontin. There were inconsistencies in the urine screen because the claimant took Norco remaining at home when out of Oxycontin. The physician ordered Hysingla which contains the same medications as Norco. No one opioid is superior to another. The request for continuing Hysingla is not justified and not medically necessary.