

Case Number:	CM15-0231750		
Date Assigned:	12/07/2015	Date of Injury:	03/15/2004
Decision Date:	01/11/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	11/25/2015

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 59 year old male who sustained an industrial injury on 03-15-04. A review of the medical records reveals the injured worker is undergoing treatment for post laminectomy syndrome, lumbago with sciatica left side, and other specified dorsopathies lumbar region. Medical records (11-09-15) reveal the injured worker complains of chronic low back pain due to post laminectomy syndrome and sciatica. He reports more soreness and stiffness and continues to complain of low back pain with radiation of pain, numbness, and tingling into the left lower extremity. He also complains of neck pain with radiation of numbness and tingling into the second through fourth digits of both hands. His pain is not rated. The physical exam (11-09-15) reveals hypertrophy of distal interphalangeal joints in the 2nd through 5th digits of both hands. Prior treatment includes 5 previous back surgeries, therapies and medications including but not limited to Fentanyl patches and Hysingla ER. The original utilization review (11-113-15) no certified the requests for Hysingla ER 20mg #30, Hysingla ER 80mg #30, and Valium 2mg #2. The documentation supports that the injured worker was transitioned from fentanyl patches to Hysingla on 08-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hysingla contains Hydrocodone. Hydrocodone 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 Hydrocodone (prior Norco) and other opioids for over a year without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain scores were not noted. The continued use of Hysingla is not medically necessary.

Hysingla ER 80 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hysingla contains Hydrocodone .Hydrocodone 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 Hydrocodone (prior Norco) and other opioids for over a year without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain scores were not noted. The continued use of Hysingla ER is not medically necessary.

Valium 2 mg Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Valium intermittently for over 2 years. The Valium was used for anxiety prior to an MRI. However, there is no indication for surgery or red flag symptoms to indicate the need for an "updated MRI". The request for Valium is not medically necessary.