

Case Number:	CM15-0112126		
Date Assigned:	06/18/2015	Date of Injury:	07/30/2004
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/10/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44-year-old female, who sustained an industrial injury on 7/30/2004. She reported acute low back pain from bending and picking. Diagnoses include S2 nerve root sleeve cyst with low back sprain and depression. Treatments to date include activity modification, medication management, physical therapy, and epidural injections. Currently, she complained of low back pain with numbness and burning sensation. Pain was rated 4-6/10 VAS on average. The provider documented that at worst; pain was rated 8/10, and least; 1/10 with medications that took thirty minutes on average to become therapeutic. On 5/7/15, the physical examination documented moderate calf muscle spasms and tightness with a positive straight leg raise test. There was a decreased lumbar flexion and lumbar muscle spasm noted. The plan of care included Hysingla 30mg daily #30 or Hydrocodone 7.5/325mg tablets, one every six hours as needed #90. This appeal request was for Hysingla 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 30 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) Hysingla.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hysingla 30 mg #30 is not medically necessary. Hysingla is hydrocodone bitartrate. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease and lumbar spinal stenosis. The date of injury is July 30, 2004. The earliest progress note in the medical record showing Norco is dated January 7, 2015. Injured worker's subjective complaint was back pain. The injured worker was taking Norco, Lyrica, Cymbalta and Zorvolex. The VAS pain score was 4-6/10. Norco was noncertified in subsequent progress notes. There is no objective functional improvement and minimal subjective relief according to a utilization review #1111351. In a May 7, 2015 progress note, the treating provider requested Hysingla 30 mg. Norco was denied and Lyrica helps. There is no documentation with objective functional improvement of Norco. There is no documentation with subjective improvement. The start date for Norco is not specified in the medical record. There were no risk assessments in the medical record and no detailed pain assessments in the medical record. There was no attempt at weaning Norco 7.5. Consequently, absent clinical documentation with objective functional improvement, subjective improvement, risk assessments in detail pain assessments and attempted weaning of Norco 7.5, Hysingla 30 mg #30 is not medically necessary.