

Case Number:	CM15-0127293		
Date Assigned:	07/13/2015	Date of Injury:	12/04/2007
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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

Certification(s)/Specialty: Emergency 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 70 year old male, who sustained an industrial injury on 12/04/2007. Diagnoses include lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain/strain injury, history lumbosacral discectomy, lumbar sprain/strain and lumbar radiculopathy. Treatment to date has included surgical intervention and conservative measures including pain medications. Per the Primary Treating Physician's Progress Report dated 5/06/2015, the injured worker reported pain and discomfort in the low back and leg. His back pain has worsened and he is taking a lot of pain medication but it is not helping to control the pain and discomfort. Physical examination revealed mild lumbosacral tenderness and improved range of motion of the lumbar spine. The plan of care included continuation of home exercise and topical and oral medications. Authorization was requested for Hysingla ER 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Hysingla is extended release hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient was already on Norco and had no documented improvement in pain or function. In fact documentation shows worsening function and pain. The provider has failed to document appropriate medication list, with no list available it is unclear what medications the patient is on. There is no documentation of appropriate monitoring or screening for side effects or abuse. It is unclear why the provider thinks that switching from short acting hydrocodone to long acting hydrocodone will improve patient's pain. The lack of appropriate documentation and lack of efficacy on hydrocodone does not support request for hysingla. Hysingla ER is not medically necessary.