

Case Number:	CM15-0127579		
Date Assigned:	07/14/2015	Date of Injury:	01/24/2005
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 59 year old male, who sustained an industrial injury, January 24, 2005. The injury was sustained when the injured worker was carrying a 60 pound bucket of paint. A few weeks after the initial injury, the injured worker was carrying some plywood and again injured the back. The injured worker previously received the following treatments 3 sessions of physical therapy, 4 cortisone injections, Neurontin, Norco, Ultram, Skelaxin, Vicodin, medication tried in the past were Celebrex, Flexeril, Motrin, Oxycontin, Percocet, Soma, chiropractic services, brace, 2 back surgeries, x-rays and MRIs. The injured worker was diagnosed with chronic pain syndrome, lumbar radiculitis/radiculopathy, post laminectomy syndrome, lumbar degenerative disc disease and long term medication use. According to progress note of May 18, 2015, the injured worker's chief complaint was low back pain. The injured worker described the pain as constant, burning, achy, tingling, shooting, numbing and pressure. The injured worker rated the pain at 6-9 out of 10. The pain was better with lying down and worse with moving. The pain was rated 5-8 out of 10 without medications and 5 out of 10 after taking medications. The physical exam of the lumbar spine there was a surgical scar and the lumbar spine revealed a normal lordosis. There was diffuse tenderness in the lumbar pelvic region. There was decreased range of motion, 25% of normal without evidence of deficit in strength or stability. The physical examination of the cervical spine noted no tenderness of the cervical spine and normal lordosis. There was decreased range of motion by 80% of normal. There was not tenderness with palpation, no evidence of deficit in strength or stability. The treatment plan included prescription for Hysingla.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per the ODG guidelines regarding Hysingla, "Not recommended for first-line use for treatment of acute or chronic non-malignant pain. Short-acting opioids are recommended prior to use of long-acting opioids. See Opioids, long-acting. The FDA approved the extended-release (ER) single-entity opioid analgesic hydrocodone bitartrate (Hysingla ER, ██████████) with abuse-deterrent properties. Hysingla ER has properties that are expected to reduce, but not totally prevent, abuse of the drug when chewed and then taken orally, or crushed and snorted or injected. The product is indicated for treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Opioids are not recommended as a first-line treatment for chronic non-malignant pain in ODG." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids; "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Hysingla or any documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. UDS dated 5/26/15 was negative for opiates. CURES report was not available for review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.