

Case Number:	CM15-0172007		
Date Assigned:	09/14/2015	Date of Injury:	12/10/2000
Decision Date:	10/19/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This 76 year old female sustained an industrial injury on 12-10-00. Documentation indicated that the injured worker was receiving treatment for ongoing left knee fracture, lumbar spine degenerative disc disease and right shoulder degenerative joint disease. Previous treatment included multiple knee surgeries with arthroscopies and open procedures, left total knee arthroscopy, right shoulder replacement, physical therapy, acupuncture, injections, epidural steroid injections, a Tru-pull brace and medications. In a progress note dated 3-10-15, the physician indicated that the injured worker was taking Norco, averaging 5 a day, for pain control. The injured worker complained of progressively worsening back pain and bilateral radiating leg pain. Over the past year, the injured worker had a significant deterioration, especially with respect to her walking tolerance which was now limited to a block. Physical exam was remarkable for diffuse pain to the thoracic spine and lumbar spine, significant waist asymmetry and rib hump consistent with scoliosis and 4+ out of 5 motor strength. In a visit note dated 7-23-15, the injured worker complained of ongoing knee pain as well as back and neck pain with radiation to bilateral upper and lower extremities rated 10 out of 10 on the visual analog scale without medications and 6 out of 10 with medications. The injured worker was not trying any other therapies for pain relief. The injured worker's activity level had decreased. Physical exam was remarkable for lumbar spine with scoliosis, hypertonicity and spasms to bilateral paraspinal musculature with positive bilateral lumbar facet loading and positive left straight leg raise, right shoulder with restricted range of motion, abduction limited to 140 degrees, positive Hawkin's test and tenderness to palpation in the biceps groove and left knee

with a large scar and swelling. The physician noted that the injured worker had failed Morphine due to Nausea. Consideration outside of Norco would be Hysingla or Butrans. The physician stated that Norco had been less effective since the last visit. The injured worker had ongoing around the clock pain and would benefit from a long acting medications to address her chronic pain issues. The treatment plan included initiating Hysingla ER and continuing Norco. On 8-7-15, Utilization Review determined that Norco 10-325mg tabs #120 was not medically necessary and recommended weaning over the next two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg tablet, take one tablet four times a day pm pain qty: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 nonadherent) 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." Per progress report dated 7/29/15 it was noted: "Pt is stable and has improved quality of life and increased capability for daily activities with medication regimen. With the medications the patient can perform household tasks including cooking, cleaning, self-care for 30 to 45 minutes or greater at a time. This is a functional improvement over baseline without medications. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less." Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records indicate that the injured worker submits to periodic urine drug screens. I respectfully disagree with the UR physician, the documentation submitted for review supports the ongoing use of opiates. The request is medically necessary.

Hysingla ER 20mg, one by mouth daily for chronic back and leg pain qty: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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, Purdue Pharma) 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 nonadherent) 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." Per progress report dated 7/29/15 it was noted: "Pt is stable and has improved quality of life and increased capability for daily activities with medication regimen. With the medications the patient can perform household tasks including cooking, cleaning, self-care for 30 to 45 minutes or greater at a time. This is a functional improvement over baseline without medications. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less." Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records indicate that the injured worker submits to periodic urine drug screens. I respectfully disagree with the UR physician, the documentation submitted for review supports the ongoing use of opiates. The request is medically necessary.