

Case Number:	CM15-0175396		
Date Assigned:	09/16/2015	Date of Injury:	10/01/2013
Decision Date:	12/03/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25 year old male injured worker suffered an industrial injury on 10-1-2013. The diagnoses included cervical sprain with radicular complaints. Left leg and left ankle contusion and crush injuries, lumbosacral sprain with radicular symptoms, mild thoracic sprain, possible early complex regional pain syndrome, left lower extremity and moderate lumbar disc herniation. On 6-5-2015 the treating provider reported worsening lower back pain that radiated to the mid back with pain and weakness in the left leg and foot. The provider reported that the during an emergency room visit the doctor stated the liver enzymes were abnormal due to Norco usage (acetaminophen). The provider reported the Tramadol did not cover the pain and therefore Hysingla was prescribed. On exam the thoracolumbar spine was decompensated to the right and he was standing slightly forward flexed with restrained range of motion. On 7-2-2015 the provider noted good pain coverage with Hysingla but still continued to have low back pain radiating to the left lower extremity. 7-24-2015 the neck pain was rated 7 to 8 out of 10 and the mid back pain was 10 out of 10. Prior treatment included 5 chiropractic session and 6 acupuncture sessions, Norco and Gabapentin. The medical record did not include an evaluation of pain levels with Hysingla or evidence of functional improvement. The Utilization Review on 8-5-2015 determined modification for Hysingla ER 20mg to Hysingla ER 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20mg: Upheld

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: The patient presents with neck, mid back, and low back pain radiating to the left lower extremity. The current request is for Hysingla ER 20mg. The treating physician's report dated 07/24/2015 (155B) states, "The patient complains of neck pain with tightness, which varies from 7-8 in intensity on a scale of 10. He has sharp mid back pain, which he rates 10/10. He has ongoing low back pain with radiation to the left lower extremity, rated 10/10". Hysingla ER 20mg #30 1 tab po qd prn pain (script +0 refills). Risks, benefits and alternatives discussed. Patient advised not to drive if medication causes drowsiness." For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. There are no before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to determine if the patient is compliant with his prescribed medications. In this case, the physician has not provided the 4As required by the MTUS Guidelines for continued opiate use and the request does not specify a quantity. Therefore, the current request is not medically necessary.