

<b>Case Number:</b>	CM15-0175689		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/01/2000
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: New York, Tennessee

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 42 year old male, who sustained an industrial injury on 5-1-2000. A review of the medical records indicates that the injured worker is undergoing treatment for postlaminectomy syndrome of the lumbar region, cauda equine syndrome, myalgia and myositis, depressive disorder, and thoracic or lumbosacral neuritis or radiculitis. On 6-3-2015, the injured worker reported mid back pain, low back pain, right hand numbness, and severe neck spasm and loss of sensation on the left hand. The Primary Treating Physician's report dated 6-3-2015, noted the injured worker trialed Hysingla and noted no side effects with lower pain levels in his back to 7 out of 10 with usage, still needing regular Norco. The injured worker was noted to be trialing chiropractic treatments. The injured worker's current medications were listed as Triazolam, Lunesta, Norco, Omeprazole, Cialis, all prescribed since at least 3-13-2015, and Hysingla ER, prescribed since 5-13-2015. The injured worker was noted to be status post five lumbar spine surgeries with current fusion at T10-L1 and L4-S1. The cervical spine was noted to have markedly restricted range of motion (ROM) due to pain with tenderness, tight muscle band, and trigger point noted on the paravertebral muscles bilaterally. Spinous process tenderness was noted on C4, C5, and C6. Spinous process tenderness was noted on T5 with tenderness, tight muscle band, and trigger point noted on the bilateral thoracic spine paravertebral muscles. Tenderness was noted over the posterior iliac spine on the right side, with multiple trigger points noted at L4-L5 bilaterally and spinous process tenderness at L3 and L4. The Physician noted that the injured worker had better pain with the Hysingla but still not to less than 5 out of 10 pain and regular Norco usage, with the plan to increase to 40 mg from 20mg. Point of care urine

toxicology screen findings of positive opiates and benzos. The injured worker was noted to have been on Norco up to 8 per day, currently at 3, managing on the lower dosage, able to function. The Physician noted the injured worker was not over using his medications, had a normal CURES and toxicology screens, and had no aberrant behavior. The injured worker was noted to remain permanent and stationary. The Primary Treating Physician's request for authorization requested Hysingla ER tab 40mg 30 day supply #30 (Rx date 08-27-2015), and Hydrocodone-APAP 7.5-325mg 30 supply #90 (Rx date 08-27-2015). The Utilization Review (UR) dated 9-3-2015, non-certified the request for Hysingla ER tab 40mg 30 day supply #30 (Rx date 08-27-2015), and Hydrocodone-APAP 7.5-325mg 30 supply #90 (Rx date 08-27-2015).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydroco/APAP 7.5/325mg 30 supply #90 (Rx date 08/27/2015): 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): Acetaminophen, Opioids, criteria for use.

**Decision rationale:** Hydrocodone/APAP is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving hydrocodone/APAP since at least March 2015 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.

**Hysingla ER tab 40mg 30 day supply #30 (Rx date 08/27/2015): 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:** Hyslinga ER is an extended release preparation of the opioid medication hydrocodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. In this case, the patient has been receiving Hyslinga ER since at least March 2015 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.