

Case Number:	CM15-0178835		
Date Assigned:	09/21/2015	Date of Injury:	12/04/2007
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 injured worker is a 61 year old female who sustained an industrial injury on 12-4-2007. A review of medical records indicates the injured worker is being treated for knee strain, internal derangement of the knee not otherwise specified, laxity of ligament, LS neuritis or radiculitis, and sciatica. Medical records dated 8-14-2015 noted low back pain in the morning a 3-4 out of 10 and in the late afternoon a 7-8 out 10. Right knee pain was a 4-5 out 10. Right hip pain ranged from 4 out of 10 to an 8 out 10. Right shoulder pain was a 4-5 out 10. Medical records dated 7-1-2015 noted pain at its worst was 8 out 10 in that week. At its best was 5 out 10. On average she rated her pain a 7 out 10. Physical examination noted range of motion was decreased for the lumbar spine, right hip, and right shoulder since the exam on 9-27-2012. Strength was decreased for the lumbar spine, right hip, and right shoulder since the exam on 9-27-2012. Treatment has included medication (Hysingla since at least 3-9-2015). Utilization review modified Hysingla 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 30 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (Chronic), Hysingla (hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, under Hysingla.

Decision rationale: The patient presents on 07/01/15 with back, right knee, and hip pain rated 8/10 at worst and 5/10 at best. The patient's date of injury is 12/04/07. The patient has no documented surgical history directed at this complaint. The request is for HYSINGLA 30MG #30. The RFA was not provided. Physical examination dated 07/01/15 reveals tenderness to palpation of the posterior tibial tendon, trigger points in the gluteus medius and quadratus lumborum bilaterally, positive SI compression test, positive McMurray's and patellar compression test on the right, positive neurological slump test bilaterally, and positive J sign bilaterally. The patient is currently prescribed Orphenadrine, Hysingla, Norco, Tizanidine, Amlodipine, Calcium, Clonidine, Hydralazine, Klor-con, Montelukast, Nasacort, Omeprazole, Triametermine, and Zyrtec. Patient is currently classified as disabled. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Official Disability Guidelines, Pain (Chronic) chapter, under Hysingla states the following: 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. See Opioids for chronic pain. The FDA also approved another extended-release single-entity hydrocodone drug, Zohydro in October 2013.

In regard to the requested Hysingla for the management of this patient's chronic pain, the request is not supported per MTUS. Progress note dated 07/01/15 states that this patient's pain is rated 5/10 with medications, 8/10 with medications. The provider does not specifically address how this patient's function is improved by medications, though does include scored indexes of various activities of daily living which are limited by her pain condition. MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the requesting physician does include measures of analgesia via a validated scale and evidence of prior compliance, though does not include any activity-specific functional improvements attributed to narcotic medications, and does not specifically state that this patient lacks any aberrant behaviors. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed several narcotic medications long term, and is not presumed to be suffering from nociceptive pain. Addressing the need for Hysingla, progress note dated 07/01/15, has the following: "We are provided patient with the pain medication Hysingla 20mg tablets to be taken daily as Hysingla has abuse deterrent technology which will minimize aberrant drug behavior." The provider does not expand upon this discussion or describe exactly what sort of aberrant behaviors this patient exhibits. Per progress note 03/09/15 the provider states: "We will try her on Hysingla ER which is an extended release formulation of the Hydrocodone she is familiar with." While this patient presents with significant chronic complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate and the patient should be weaned. The request IS NOT medically necessary.