

Case Number:	CM15-0179427		
Date Assigned:	09/21/2015	Date of Injury:	04/13/2005
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 59-year-old male, who sustained an industrial injury on April 13, 2005. On July 22, 2015, the injured worker reported a complaint of diffuse low back pain. He reported that Hysingla helped with his pain but he still required oxycodone for breakthrough pain to accomplish his activities of daily living. He noted that without medications he was limited to walking one-half block, sitting for 10 minutes and standing 3 minutes. On August 19, 2015, the injured worker complained of diffuse low back pain. He rated his pain an 8 on a 10-point scale at the time of the evaluation. His evaluation remained unchanged from his July 22, 2015 evaluation in that Hysingla was helping with his pain; however, he still required oxycodone for breakthrough pain to accomplish his activities of daily living. Without his medications, he reported that he would be limited to walking one-half of a block, sitting 10 minutes and standing 3 minutes. He initiated acupuncture therapy and massage therapy and reported benefit from the therapy. He had previous trigger point injection with benefit. The injured worker's current medication regimen included Voltaren 1% gel, Clonidine HCL 0.1 mg, Lyrica 150 mg, Sonata 5 mg, Topamax 50 mg, Oxycodone HCL 130 mg, Zofran 8 mg, Hysingla ER 30 mg, Omeprazole 20 mg, Avapro 150 mg, Lipitor 10 mg and Valium 5 mg. The injured worker has used Oxycodone HCL since at least February 11, 2015 and Hysingla ER was initiated on April 20, 2015. On physical examination, the injured worker exhibited a stooped gait and was assisted with a cane. Treatment to date has included lumbar laminectomy, opioid medications, acupuncture therapy, and massage therapy. The injured worker was diagnosed as having chronic pain syndrome, lumbago, other pain disorder related to psychological factors, other back

symptoms and spasm of muscle. A request for authorization for Oxycodone HCL 30 mg #150 and Hysingla ER 30 mg #60 was received on August 28, 2015. On August 31, 2015, the Utilization Review physician modified Oxycodone HCL 30 mg #150 and Hysingla ER 30 mg #60 to Oxycodone HCL 30 mg #100 and Hysingla ER 30 mg #40 to allow for continued weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #150: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in April 2005 and continues to be treated for low back pain. When seen, a spinal cord stimulator trial was being considered. Medications are referenced as allowing him to complete activities of daily living. There had been benefit after trigger point injections and with massage and acupuncture treatments. He had been given extra oxycodone as he was taking it six times per day. Pain was rated at 8/10. Physical examination findings included a BMI of 33.5. There was a stupid gait and was using a cane. Authorization for a psychological clearance for a spinal cord stimulator trial was requested. Medications were continued. Oxycodone and Hysingla were being prescribed at a total MED (morphine equivalent dose) of 285 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than two times that recommended and the claimant has ongoing moderately severe pain. There are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of oxycodone at this dose is not considered medically necessary.

Hysingla ER 30mg #60: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in April 2005 and continues to be treated for low back pain. When seen, a spinal cord stimulator trial was being considered. Medications are referenced as allowing him to complete activities of daily living. There had been benefit after trigger point injections and with massage and acupuncture treatments. He had been given extra oxycodone as he was taking it six times per day. Pain was rated at 8/10. Physical examination findings included a BMI of 33.5. There was a stupid gait and

was using a cane. Authorization for a psychological clearance for a spinal cord stimulator trial was requested. Medications were continued. Oxycodone and Hysingla were being prescribed at a total MED (morphine equivalent dose) of 285 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than two times that recommended and the claimant has ongoing moderately severe pain. There are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Hysingla is not recommended as a first line treatment. Ongoing prescribing of Hysingla at this dose is not considered medically necessary.