

<b>Case Number:</b>	CM15-0066511		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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:

The injured worker is a 56 year old male, who sustained an industrial injury on November 7, 2013. He reported slipping on loose dirt and fell backwards with immediate pain in the low back and left shoulder. The injured worker was diagnosed as having chronic lumbar spine pain on an industrial basis. Treatment to date has included lumbar epidural steroid injection (ESI), cervical MRI, physical therapy, and medication. Currently, the injured worker complains of low back pain with radicular complaints, feet get "ice-cold", numbness down both legs, thoracic pain radiates up into the neck with associated headaches. The Treating Physician's report dated March 5, 2015, noted the injured worker reporting physical therapy was no help with pain reduction. Current medications were listed as Norco, Aleve, Alprazolam, Hydrocodone, Levothyroxine Sodium, Lorazepam, Lthyroxine, Zoloft, and Zolpidem Tartrate. The injured worker was noted to have a mildly antalgic gait without evidence of frank weakness. The treatment plan was noted to include a prescription for Hysingla ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hysingla extended release 80mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** 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." Review of the available medical records reveals no documentation to support the medical necessity of Hysingla ER nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. CURES was reviewed 12/14/14, UDS dated 12/3/14 was positive for marijuana, to which the patient admits use of as well as two to three drinks per day. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed and the request is not medically necessary.