

Case Number:	CM15-0071468		
Date Assigned:	04/21/2015	Date of Injury:	06/26/2009
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old, male who sustained a work related injury on 6/26/09. The diagnoses have included chronic pain syndrome, lumbar spinal stenosis, low back pain syndrome, lumbar disc degeneration, and lumbar postlaminectomy pain. The treatments have included MRIs, electrodiagnostic studies, medications, lumbar epidural injections, home exercise program, ice/heat therapy, lumbar surgery, TENS unit therapy, physical therapy and acupuncture. In the PR-2 dated 3/25/15, the injured worker complains of worsening low back and right leg pain. He describes the pain as aching and stabbing. He rates his pain an 8-9/10 without medications. The treatment plan is prescriptions for Norco and Hysingla. Per documentation a 12/2/14 and 2/24/15 UDS were negative for prescribed Hydrocodone (inconsistent).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Hysingla (hydrocodone).

Decision rationale: Hysingla ER 20mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Hysingla is not recommended for first-line use for treatment of acute or chronic non-malignant pain. 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. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends following the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has had prior inconsistent urine drug screens yet opioids are still being prescribed. The documentation does not indicate that alternative long acting opioids have been inadequate. Furthermore, the documentation does not indicate evidence of significant objective functional improvement therefore this request for Hysingla is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends following the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has had prior inconsistent urine drug screens yet opioids are still being prescribed. The documentation does not indicate that alternative long acting opioids have been inadequate. Furthermore, the documentation does not indicate evidence of significant objective functional improvement therefore this request for Norco is not medically necessary.