

Case Number:	CM15-0095867		
Date Assigned:	05/22/2015	Date of Injury:	05/20/1997
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/18/2015

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 67 year old female, who sustained an industrial injury on May 20, 1997. The injured worker was diagnosed as having lumbago, low back pain, radiculopathy and chronic pain syndrome. Treatment to date has included medication. A progress note dated March 2, 2015 the injured worker complains of increased back pain radiating down the legs. She also complains of depression. Physical exam notes an anxious affect and need for refocusing to perform exam. Ambulation was antalgic with the use of a cane. There is lumbar tenderness and spasm with painful decreased range of motion (ROM). The plan includes Docusate, Lyrica, magnesium, Lidoderm patch and Hysingla ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Hysingla ER (hydrocodone bitartrate) 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86
Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. When seen, there was decreased and painful lumbar spine range of motion with muscle spasms. There was an antalgic gait with use of a cane. There had been a dramatic worsening of symptoms. Norco was being prescribed with improve activity tolerance including walking. Norco was changed to Hysingla at the same total MED (morphine equivalent dose) of 20 mg per day. Hysingla (extended release hydrocodone) is a sustained release formulation and would be used to treat baseline pain, which is present in this case. It was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Hysingla was medically necessary.