

Case Number:	CM15-0096144		
Date Assigned:	05/26/2015	Date of Injury:	05/11/1994
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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, 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 was a 73 year old female, who sustained an industrial injury, May 11, 1994. The injured worker previously received the following treatments Norco, Zanaflex, Colace, Xanax, Kadian, Celebrex, Nucynta, Valium, Zohydro ER, psychiatric services, Baclofen, Naprosyn cream, EMG (electrodiagnostic studies) of the lower extremities. The injured worker was diagnosed with chronic pain of the lumbar spine, anxiety, back brace, radicular pain in the right lower extremity, discogenic syndrome lumbar, scoliosis, muscle spasms, sciatica, lumbar nerve root injury, depression, anxiety and stress. According to progress note of February 12, 2015, the injured workers chief complaint was long standing, chronic pain in the lumbar spine. The pain originated from an industrial injury and was compounded by spinal curvature. The injured worker reluctantly reduced the Norco to four times a day by taking Zohydro two times daily. The last series of injections and topical creams make the oral medications control the pain and continue the ability to perform activities of daily living. The injection reduced the pain by 40-50%. The pain was rated at 5 out of 10. There was radicular pain in the right L4 distribution to the lateral calf stopping at the ankle. The pain was rated at 5 out of 10. The radicular pain was located at the L5 distribution to the right great toe. The pain was rated at 5 out of 10. There was pain with extension of the lumbar spine at 10 degrees at the L5 level. The EMG studies of the lumbar spine bilaterally normal at S1 and S2. The treatment plan included prescription Hysingla ER (Zohydro ER).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER (extended release) 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Hysingla ER (extended release) 20 mg Qty 60, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Hysingla ER (extended release) 20 mg Qty 60 is not medically necessary.