

Case Number:	CM15-0096365		
Date Assigned:	05/26/2015	Date of Injury:	01/24/2013
Decision Date:	06/24/2015	UR Denial Date:	04/24/2015
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: 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 53-year-old female, who sustained an industrial injury on 01/24/2013. She reported bilateral knee pain after a fall and has previous work related injuries related to her back. The injured worker is currently not working. The injured worker is currently diagnosed as having pain in lower leg joint, lumbar disc displacement without myelopathy, lumbar disc degeneration, lumbar spinal stenosis, and lumbago. Treatment and diagnostics to date has included knee brace, bilateral total knee arthroplasty, lumbar spine MRI showed central bulging with stenosis of the L4-L5 disc, epidural, physical therapy, functional restoration program, epidural steroid injections, and medications. In a progress note dated 03/23/2015, the injured worker presented with complaints of shoulder pain with a history of bilateral knee pain and chronic low back pain. Objective findings include an antalgic gait and left knee joint tenderness. The treating physician reported requesting authorization for retrospective Hysingla.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hysingla 20mg tab #60 (DOS: 3/23/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The claimant sustained a work injury in January 2013. She continues to be treated for chronic low back, bilateral knee, and shoulder pain. When seen, medications included Opana ER, hydrocodone/acetaminophen, and oxycodone. She reported that the combination of medications was causing her to be sick. Physical examination findings included decreased lower extremity strength. There was left knee joint line tenderness. Opana ER was discontinued. Hysingla was prescribed. The total MED (morphine equivalent dose) being prescribed was less than 120 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 requested as part of the claimant's ongoing management. There were no identified issues of abuse or addiction, and poor pain control appears related to medication side effects possibly due to Opana ER which was discontinued. 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.