MAXIMUS Federal Services

Case Number:	CM15-0099628		
Date Assigned:	06/02/2015	Date of Injury:	03/16/2004
Decision Date:	07/13/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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 is a 48 year old male, who sustained an industrial injury on March 16, 2004. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included low back pain, lumbar disc herniation, lumbar degenerative disc disease, lumbar spondylosis and lumbar radiculopathy. Treatment to date has included medications, radiological studies, psychological evaluation, physical therapy, heat treatments, acupuncture treatments, home exercise program and multiple lower back surgeries. Current documentation dated April 13, 2015 notes that the injured worker reported ongoing aching and burning low back pain with radiation to the bilateral lower extremities. Associated symptoms include numbness in the left anterior thigh and the bottoms of both feet. The pain was rated a six to seven out of ten on the visual analogue scale. Examination of the lumbar spine revealed moderate paraspinal muscle tenderness and a limited range of motion. Sensation to light to touch was noted to be diminished in the left anterior thigh. Right knee examination revealed moderate crepitus. The treating physician's plan of care included a request for the medication Hysingla ER 30 mg # 30 for long acting pain relief and to reduce Acetaminophen intake. Notes indicate that the patient uses Norco approximately 6 per day, with no aberrant behavior intolerable side effects. Urine drug screens and Patient Activity Reports have been consistent. The medicine reduces the patient's pain score. The medication reportedly allows him to perform activities of daily living such as chores and taking care of his children.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 30mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Hysingla.

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, California Pain Medical Treatment Guidelines note that it 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. This within the documentation available for review, it appears that this medication is currently being initiated. The physician's goal is to reduce the amount of acetaminophen and started long-acting pain medication. It is the patient's current short-acting regimen improves pain and function, causes no intolerable side effects, and there have been no signs of aberrant behavior. Using a long-acting medication to improve pain control and reduce the reliance on PRN medication is a reasonable next treatment step. Of course, ongoing treatment will require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. Therefore, the currently requested Hysingla ER is medically necessary.