

<b>Case Number:</b>	CM15-0130325		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Emergency 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 44 year old female who sustained a work related injury October 5, 2012. Past history included status post C5-C6 anterior cervical discectomy and fusion December 3, 2014. According to a primary treating physician's progress report, dated June 3, 2015, the injured worker presented for a follow-up evaluation. She is undergoing post-operative physical therapy to the cervical spine and reports her neck pain has improved to 6 out of 10 with medication from 7 out of 10. She also reports left shoulder pain rated 10 out of 10 without medication and 5 out of 10 with medication. Current medication included Omeprazole, Promethazine, Norco, and Hysingla ER. Physical examination of the cervical spine and upper extremities revealed; well healed anterior cervical incision, no tenderness present and intact bilateral and upper extremities to light touch and pinprick; range of motion (warm up exercises were performed); flexion 10 degrees, extension 10 degrees, left lateral bend 15 degrees, right lateral bend 10 degrees, left rotation 10 degrees and right rotation 18 degrees. There is pain when assessing the range of motion and orthopedic testing of the cervical spine revealed local pain. A urine toxicology review, dated November 26, 2014 (report present in the medical record), was found to be negative. Diagnoses are status post C5-C6 anterior cervical discectomy and fusion; left elbow lateral epicondylitis, left C5 and C6 radiculopathy confirmed by electrodiagnostic study, May 2013; C5-6 moderate foraminal stenosis. At issue, is the request for authorization for Hysingla ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication-Hysingla ER 30 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Medication-Hysingla ER 30 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker is undergoing post-operative physical therapy to the cervical spine and reports her neck pain has improved to 6 out of 10 with medication from 7 out of 10. She also reports left shoulder pain rated 10 out of 10 without medication and 5 out of 10 with medication. Physical examination of the cervical spine and upper extremities revealed; well healed anterior cervical incision, no tenderness present and intact bilateral and upper extremities to light touch and pinprick; range of motion (warm up exercises were performed); flexion 10 degrees, extension 10 degrees, left lateral bend 15 degrees, right lateral bend 10 degrees, left rotation 10 degrees and right rotation 18 degrees. There is pain when assessing the range of motion and orthopedic testing of the cervical spine revealed local pain. A urine toxicology review, dated November 26, 2014 (report present in the medical record), was found to be negative. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Medication-Hysingla ER 30 mg #60 is not medically necessary.