

<b>Case Number:</b>	CM15-0146807		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 1-1-01. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, pain in shoulder joint and psychological disorder with delusions. Treatment to date has included physical therapy, oral medications including Hysingla ER 30mg, Norco, Morphine Sulfate ER, Orphenadrine-Norflex ER 100mg, Lyrica 50mg, Prozac and Buprenorphine; topical Diclofenac Sodium 1.5% and Ketamine 5% cream; spinal cord stimulator trial, functional restoration program (unable to complete) and activity modifications. Currently on 6-30-15, the injured worker complains of upper extremity pain causing her to awaken frequently during the night. Work status is noted to be permanent and stationary. Physical exam performed on 6-30-15 revealed mild edema in the right hand with limited flexion of the 1st three digits, discoloration of fingers of the right hand with darkening and thickening of the skin and unable to make a fist with right hand. The treatment plan included increasing Hysingla ER from 60mg daily to 80mg daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hysingla ER 40mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS, Hysingla ER (Hydrocodone bitartrate extended-release) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of pain relief effectiveness or functional status from opioid medications. Work status is noted to be permanent and stationary. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested Hydrocodone is not medically necessary.