

Case Number:	CM15-0166871		
Date Assigned:	09/04/2015	Date of Injury:	12/19/2009
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York, West Virginia, Pennsylvania
 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 64-year-old male who sustained an industrial injury on 12-19-09. His initial complaints and the nature of the injury are unavailable for review. The pain management provider progress noted, dated 7-22-15, indicates diagnoses of bilateral shoulder rotator cuff injury, status post right shoulder rotator cuff surgery 5-19-11, status post left shoulder rotator cuff surgery on 7-7-11, residual right shoulder pain, associated decreased range of motion and strength, possible peripheral neuropathy or carpal tunnel syndrome, myofascial pain syndrome, and wrist sprain and strain injury. The report indicates that the injured worker continued to have "a lot of pain and discomfort in the right shoulder". The treatment plan indicates that the medical records and medication usage had been reviewed and the plan was to continue current medications Percocet and Mobic. The injured worker was also encouraged to do exercises at "no pain range". There are no records for review, indicating the requested service, Hysingla.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter- Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Percocet and there is no reason to prescribe the brand name formulation of hydrocodone. The request for Hysingla is not medically appropriate and necessary.