

<b>Case Number:</b>	CM15-0210508		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	11/15/2000
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 54-year-old female, who sustained an industrial injury on 11-15-2000. A review of the medical records indicates that the worker is undergoing treatment for strain of rotator cuff capsule, adhesive capsulitis of shoulder, lesion of ulnar nerve and trigger finger. Subjective complaints (06-24-2015) included increased right suprascapular tightness and pain. The plan of care included physical therapy, continued hand therapy and pain medications including Hysingla ER. The worker was noted to have undergone right palmar and right radial steroid injection the day prior. Subjective complaints (09-02-2015) included persistent suprascapular tightness and pain and residual right palmar pain with tightness status post bilateral forearm steroid injection near the superficial radial nerve. No pain scores were documented and there is no indication as to the duration of pain relief with current medications. Objective findings (06-24-2015 and 09-02-2015) included decreased range of motion of the cervical spine with spasm, decreased range of motion of the right shoulder with positive Neer's and Hawkin's tests, positive bilateral Tinel's tests, hyperpathia of the left elbow and palm and thenar tenderness of the right hand. Treatment has included Cymbalta, Topamax, Relpax, Cambia, Topamax, Butrans, physical therapy and a home exercise program. The physician noted that Hysingla was being requested but there was no rationale for the request. A utilization review dated 09-30-2015 non-certified a request for Hysingla ER 40 mg #30.

### 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, Section(s): Opioids, criteria for use, Weaning of Medications. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Pain (updated 09/08/2015)- Online Version.

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

**Decision rationale:** The requested Hysingla ER 40mg #30, 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 has persistent suprascapular tightness and pain and residual right palmar pain with tightness status post bilateral forearm steroid injection near the superficial radial nerve. No pain scores were documented and there is no indication as to the duration of pain relief with current medications. Objective findings (06-24-2015 and 09-02-2015) included decreased range of motion of the cervical spine with spasm, decreased range of motion of the right shoulder with positive Neer's and Hawkin's tests, positive bilateral Tinel's tests, hyperpathia of the left elbow and palm and thenar tenderness of the right hand. 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, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hysingla ER 40mg #30 is not medically necessary.