

<b>Case Number:</b>	CM15-0113660		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male with an October 21, 2011 date of injury. A progress note dated May 6, 2015 documents subjective findings (right shoulder pain; right knee pain; pain described as numbing; emotional and social stress; depression), objective findings (about 160 degrees of abduction and flexion is about 140 degrees; pain with combined maneuver of flexion, abduction, and external rotation), and current diagnoses (status post right shoulder internal derangement; right knee pain). Treatments to date have included right shoulder surgery, medications, and imaging studies. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included a prescription for Hysingla.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hysingla extended release 40 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines opioids.

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

**Decision rationale:** The patient presents with pain affecting the right knee and right shoulder. The current request is for Hysingla extended release 40mg #30. The treating physician report dated 6/3/15, "Since his last follow up appointment the patient states his pain has remained the same. He has switched over to Hysingla ER, which seems to give him better pain relief." A report dated 5/6/15 states, "On today's visit, I would like to switch him to Hysingla ER extended release 40mg #30 sig: 1 PO q day to give him some pain relief." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).The medical reports provided, show the patient has been taking Hysingla since 5/6/15. The report dated 6/3/15 notes that the patient's pain has remained the same while on the current medication. No adverse effects or adverse behavior were noted by patient. There is no documentation provided that suggests the patient's ADLs have improved. The patient's work status is TTD. The patient's last urine drug screen was not provided for review and it is unclear if the physician has a signed pain agreement on file as well. In this case, there is no evidence in the documents provided for review that shows the patient experiences an improvement in ADLs from the use of this medication. Furthermore, the patient has been taking this medication for over a month and his pain has remained the same as before he was prescribed this medication. The current request is not medically necessary.