

<b>Case Number:</b>	CM15-0125707		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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

Certification(s)/Specialty: Pediatrics, Internal 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 48 year old, male who sustained a work related injury on 6/25/12. The diagnoses have included lumbar strain/sprain and lumbar radiculopathy. Treatments have included medications, chiropractor treatments and trigger point injections. In the PR-2 dated 6/3/15, the injured worker complains of lower back pain that radiates to his left leg. He has numbness and tingling in his left leg. On physical examination, he has tenderness in lumbar paravertebral muscles. He has spasm present. He has a positive straight leg raise with both legs. He states the Norco is not substantially controlling his pain. He is not working. The treatment plan includes continuing medications and a trial of Hysingla ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Hysingla ER 80 mg, seven count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** Per ODG, Hysingla ER is an extended-release form of the opioid hydrocodone. "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain." "Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, stabilize pain control, improve sleep, lessen end-of-dose breakthrough pain, lessen risk of addiction, and provide around-the-clock analgesia, and improve quality of life." He has been taking Norco, according to the medical records, since November 2013. There is insufficient documentation of pain levels and functional capacities. The documentation does not reflect how he was taking the Norco or how he was responding to the medication. Since there is insufficient documentation of pain levels and functional capabilities and there is long-term use of Norco, the requested treatment of Hysingla ER is not medically necessary.