

<b>Case Number:</b>	CM15-0091347		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male who sustained an industrial injury on July 25, 2006. He has reported severe back pain and has been diagnosed with lumbar disc displacement without myelopathy, disorders sacrum, sciatica, and lumbar degenerative disc disease. Treatment has included medications, injections, rest, and heat. The injured worker shows no signs of malnourishment, obesity, deformity, poor dentation or poor hygiene. He was not poorly groomed, disheveled, does not have multiple tattoos, or multiple piercings. He had severe back pain and he has lumbar spinal stenosis and he has had epidural steroid injections in the back which were not long term effective. The treatment request included Hysingla ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyslinga ER 80 mg 1 tab po qd #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) updated 4/30/15 - online version, Hysingla (hydrocodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Hysingla is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hysingla for over 6 months. Although, net opioid usage had reduced over time, there was no mention of a weaning attempt or failure of 1st line medications. Chronic use of Hysingla is not medically necessary.