

<b>Case Number:</b>	CM13-0026549		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/14/2009
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old male who reported a work related injury on 07/14/2009. The patient sustained a right shoulder injury. His diagnoses included right shoulder pain r/o SLAP lesion, comorbid insomnia, overweight, DM nonindustrial. The patient's MRI revealed supraspinatus tendonitis, subacromial/subdeltoid bursitis and ADJ arthritis. The patient's medications include Arthrotec and Norco. The patient has undergone urine drug testing which were consistent with his prescribed medications. A request was made for Norco 7.5/325 mg 1 by mouth twice a day as needed #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, and On-going management Page(s): 75 , 78.

**Decision rationale:** Recent clinical documentation stated the patient still complained of numbness, more on the small and ring fingers which could spread to his whole hand. The patient had right shoulder surgery in 03/2006. The patient finished all approved physical therapy. The

patient complained of still feeling sore near the acromioclavicular joint area that was worse with bad weather and had a low tolerance to repetitive activity. The patient reported the TENS unit helped minimize his symptoms. Objective findings included active range of motion to the right shoulder revealed the patient could reach functional range with some pain. Tenderness was noted at the right AC joint area with tapping. Deep tendon reflexes were 2+ and symmetrical and sensations were within normal limits. California Chronic Pain Medical Treatment Guidelines indicate that Norco is a short acting opioid which is often used for intermittent or breakthrough pain. The patient has been noted to have chronic pain to his right shoulder since 2009. Guidelines further state there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients taking opioids for pain management. There was no pain assessment noted for the patient in the clinical documentation submitted for review. There was also no functional benefits or improvements noted in the patient which could be objectively measured due to the use of Norco. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical documentation submitted for review does not support the request for Norco. As such, the request for Norco 7.5/325 mg 1 by mouth twice a day #60 is non-certified.