

<b>Case Number:</b>	CM13-0064167		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 49 year old male who was injured on 05/29/2012 while utilizing a jackhammer and sledgehammer excessively over a period of time causing him to develop discomfort at the left shoulder and left upper extremity particularly the wrist. Prior treatment history has included treatment with physiotherapy, massage, moist heat, ultrasound, electrical stimulation, traction and supportive conservative care. Medications include: 1.Norco, 2.Valium, 3.Naproxen, 4.Flurbiprofen Cream, 5.Glucosamine sulfate, 6.Terocin topical. PR-2 dated 06/14/2013 documented the patient to have complaints of constant pain in the left and right shoulder, left and right wrist, left and right elbow. There is a complaint of loss of sleep and patient suffers from depression. Objective findings on exam included examination of the left shoulder: there is 3+ tenderness to palpation of the anterior shoulder and posterior shoulder. Right shoulder: There is 3+ tenderness to palpation of the acromioclavicular joint, anterior shoulder and posterior shoulder. Bilateral elbows: There is 3+ tenderness to palpation of the lateral elbow, medial elbow and posterior elbow. Bilateral wrists: There is 3+ tenderness to palpation of the dorsal wrist and volar wrist. PR-2 Pain Management report dated 07/12/2013 documented the patient with complaints of pain to bilateral shoulders, elbows and wrists. Objective findings on exam reveal left shoulder: The ranges of motion are decreased and painful. There is 3+ tenderness to palpation of the lateral shoulder with muscle spasm. Right shoulder: There is no bruising, swelling, atrophy or lesion noted. Left and right elbow: Ranges of motion are decreased and painful. Left and right wrist: The ranges of motion are decreased and painful. Treatment Plan: Continue use of medication as prescribed: Norco 10/325 mg #120. Independent Medical Re-Examination report by [REDACTED] dated 07/30/2013 documents the patient with complaints of discomfort and pain at the left shoulder and left upper extremity. There is notation stating the patient is taking no medications. Objective findings on exam revealed there is range

of motion of the neck and right upper extremity. Motions of the left shoulder are restricted to abduction 85/160, internal rotation 75/105, extension 10/40, external rotation 30/140 and forward flexion 75/160. There is positive apprehension test at the left shoulder. There is atrophy of the intrinsic muscles. Positive Hawkins test. There is diffuse tenderness at the left wrist and range of motion of the left wrist is extension (dorsiflexion) 22/46, palmar flexion 14/37, radial deviation 4/7, ulnar deviation 11/12, pronation 60%/100%, and supination 30/100%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NORCO 10/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

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

**Decision rationale:** According to Chronic Pain Medical Chronic Pain Medical, Hydrocodone/Acetaminophen (Anexsia<sup>®</sup>, Co-Gesic<sup>®</sup>, Hycet<sup>®</sup>; Lorcet<sup>®</sup>, Lortab<sup>®</sup>; Margesic-H<sup>®</sup>, Maxidone<sup>®</sup>; Norco<sup>®</sup>, Stagesic<sup>®</sup>, Vicodin<sup>®</sup>, Xodol<sup>®</sup>, Zydone<sup>®</sup>; generics available) is indicated for moderate to moderately severe pain. One of the criteria for maintaining a patient on an opioid therapy includes: (d) 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. The medical records document inconsistencies with regard to the patient's prior urine drug screens. The medical records do not indicate whether these issues have been addressed. Furthermore, the medical records do not demonstrate improved pain level of function resulting from opioid medication use. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity for Norco for this quantity is not medically necessary or appropriate.