

<b>Case Number:</b>	CM13-0072640		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine & Rehabilitation 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 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 injured worker is a 66 year old male with a reported injury date of on 01/07/2012. The mechanism of injury was a lifting injury. The physical therapy note dated 09/23/2013 reported the injured worker complained of constant left shoulder pain of varying degrees, and also a more localized pain to his left biceps. Active range of motion was assessed and documented as follows; left/right abduction was 90/100, flexion was 100/110, internal rotation thumb to L5/thumb to T12, and external rotation 40/45. The progress noted dated 12/09/2013 reported the injured worker's pain ranged between 7-9/10 and was described as dull and achy to the left shoulder. The diagnoses included left rotator cuff tear, status post repair and decompression with bicipital tendon tenodesis, chronic pain syndrome, opioid dependence, and depression. The progress noted also reported previous treatment included physical therapy, shoulder surgery, a cortisone injection, and pain medications. The progress note from 12/03/2013 reported the injured worker was taking Norco 1-2 tablets three to four times a day. The request for authorization was not submitted with the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-91.

**Decision rationale:** The injured worker has been prescribed Norco for at least 4 months. According to the California Chronic Pain Medical Treatment guidelines, usually 1 tablet every four to six hours as needed for pain is recommended. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The dosage prescribed would exceed the guideline recommendation of 60mg/24 hours. There is lack of documentation indicating the injured worker had significant objective functional improvement with the medication. The requesting physician did not include an adequate and complete assessment of the injured worker's pain. Therefore, the request is not found to be medically necessary.