

<b>Case Number:</b>	CM14-0000581		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for Cervical Spondylosis with Myelopathy, Lumbosacral Spondylosis, Osteoarthritis of the knee, and Bursitis of right shoulder associated with an industrial injury date of 04/04/2011. The treatment to date has included bilateral medial branch block, arthroscopic surgery of the left knee with meniscus repair (08/02/2013), open rotator cuff tear repair of right shoulder with arthroscopic acromioclavicular debridement on 01/04/2013, physical therapy, steroid injection, oral and topical medications. The utilization review from 12/12/2013 modified the request for Norco 10/325mg, #120 to Norco 10/325mg, #60 because there was no proper documentation of any functional improvement attributed to the use of this medication. Medical records from 2013 to 2014 were reviewed showing that patient has been having chronic shoulder, knee, and lumbar pain characterized as burning, aching, constant without radiation. The pain was graded 10/10 and can be improved to 7-8/10 upon intake of medications. The patient stated that he can perform bathing and dressing with the help of medications. The effect can last up to 4 hours. No adverse effects were noted. Patient also had difficulty going from sit-to-stand position. He was likewise unable to bend down because of knee pain. Physical examination showed that the patient had limited right shoulder motion towards flexion at 120 degrees, abduction at 120 degrees, internal and external rotation at 60 degrees with presence of pain. Both impingement and supraspinatus special tests were positive at right shoulder. Lumbar range of motion was limited at 45 degrees towards flexion, 10 degrees at extension, 15 degrees of both lateral flexion, and 10 degrees bilateral rotation. Straight leg raising, Patrick test and Reverse Thomas tests were positive bilaterally. Motor strength, sensory and reflexes were normal. MRI arthrogram of the right shoulder dated 10/25/2013 revealed increased signal articular surface of the supraspinatus tendon. MRI of left knee dated 06/11/2013 showed moderate medial and patellofemoral

compartment osteoarthritis, with a small radial tear of the posterior horn medial meniscus. The current medications include Norco 10/325 mg tablet, 1 tablet every 6 hours; Voltaren 1% topical gel, apply TID; and Pamelor 25mg capsule, 1 capsule once nightly.

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

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

**NORCO 10/325MG #120:** 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): 78-80.

**Decision rationale:** Page 78 of MTUS Chronic Pain Medical Treatment Guidelines states that there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Furthermore, page 80 states some of the cardinal criteria for continuation of opioid therapy include evidence of improved function, reduced pain, and /or successful return to work. In this case, the patient has had opioid medications since the date of injury on 04/04/2011. Medical records submitted for review did not specifically show that there was significant pain improvement with the use of this medication (i.e. documented pain reduction in terms of VAS / pain scale). The most recent progress note dated 01/20/2014 did not differ from the one written on 07/19/2013 in terms of pain reduction and functional activities improved with the use of this medication. The four domains of opioid management were not sufficiently addressed. The guideline criteria were not met. Therefore, the request for Norco 10/325mg, #120 is not medically necessary and appropriate.