

<b>Case Number:</b>	CM14-0102490		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 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 injured worker is a 54-year-old female with a reported injury on 09/15/2008. The mechanism of injury is due to cumulative trauma. The injured worker's diagnoses included mood disorder, shoulder pain, dizziness, and giddiness. There was no documentation of previous treatments that were provided. The injured worker had a right arthroscopic surgery done on 06/30/2010. The injured worker had an examination on 06/17/2014 for complaints of left shoulder pain and right shoulder pain. The injured worker reported that her pain with medication was a 3/10, and without medications her pain was a 7/10. She reported that the pain has gotten worse and her quality of sleep was poor. She stated that her activity level has increased and that her medications were working well. She complained of a side effect of constipation. Upon examination, the injured worker showed no signs of intoxication or withdrawal. Right shoulder range of motion was restricted with flexion limited to 100 degrees due to pain, extension limited to 10 degrees, abduction limited to 95 degrees, and external rotation limited to 10 degrees. Her Hawkins' test was positive, and the empty can test was positive. Left shoulder range of motion was restricted with flexion limited to 100 degrees, extension limited to 15 degrees, abduction limited to 95 degrees, and external rotation limited to 10 degrees. Her Hawkins' test was positive, the Neer's test was positive, and the empty can test was positive. Her motor strength was limited due to her pain, but her strength was a 5/5. The sensation was decreased to touch over the thumb, index finger, middle finger, and over the deltoid on the right side. Sensation to pinprick was decreased over the deltoid on the right side. Her medication listed consisted of Voltaren, docusate sodium, Norco, Senokot, Zanaflex, hydrochlorothiazide, Trilipix, Ativan, metformin, Ambien, and Valium. The requested plan of treatment was to renew her medications.

The rationale was not provided. The Request for Authorization for the Norco was signed on 06/27/2014.

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

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

**Norco Tablets 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines Opioids Page(s): 63-64, 77, 78-97. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The request for Norco Tablets 5/325mg #30 is not medically necessary. The California MTUS Guidelines recommend, for the ongoing monitoring of opioids, for there to be documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The guidelines also recommend the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond the usually required for the condition of pain that does not improve on opioids in 3 months. The guidelines also recommend discontinuing opioids if there is no overall improvement in function unless there are extenuating circumstances, and if there is a decrease in functioning. The injured worker does report that she has relief with her medications on a pain scale of 3/10. It is noted that she does have a side effect of constipation. There is a lack of documentation of physical and psychosocial functioning deficits and improvement. There was not a urine drug screen provided for the monitoring of aberrant or non-adherent drug related behaviors. The injured worker has been on opioids at least since 05/2014. Although the injured worker reported an increase in her activity level and that her medications were working well, she reported an increase in her pain which would not support overall effectiveness of the medication. Furthermore, the request does not specify directions as far as frequency and duration, and there is a lack of evidence to support the number of 30 pills without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request for the Norco. Therefore, the request for Norco Tablets 5/325mg #30 is not medically necessary.