

<b>Case Number:</b>	CM14-0106182		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Family 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 43-year-old male who has submitted a claim for superior glenoid labrum lesion, bicipital synovitis, disorder of bursae and tendon, with an unspecified and supraspinatus sprain associated with an industrial injury date of 05/07/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of a 10/10 left shoulder pain which was constant, sharp, nagging, worse with overhead lifting, throwing and increased at night. The patient then underwent left shoulder open tenodesis of the long head of the biceps, arthroscopic distal clavicle excision, arthroscopic limited debridement of superior labral anterior to posterior and arthroscopic subacromial decompression last 01/23/14. The 06/04/14 progress report indicated that claimant complained of persistent left shoulder pain graded 5-6/10 without medications and 2-3/10 with medication, functional level with medications were ADLs and functional levels without medications were yard work and laundry. A urine drug screening to assess for the use or the presence of illegal drugs in the patient was done, which showed levels of hydrocodone within the set range of limits and presence of metabolites of Alprazolam. On examination of the left shoulder, there was positive TTP over bicipital groove and full but painful range of motion. A MRI of the left shoulder done on 07/18/13 demonstrated undersurface infraspinatus tendinosis versus partial thickness tear, Subscapularis tendinosis, Biceps tenosynovitis with a large amount of fluid within the groove, mild to moderate arthritic change of the acromioclavicular joint with degenerative marrow edema and changes of synovitis. The treatment to date has included corticosteroid injection, physical therapy, surgery, medications (Naproxen and Norco since January 2014, Percocet from January to February 2014 and Tizanidine since April 2014) and physical therapy. The Utilization review from 06/25/14 denied the request for Norco 7.5/350mg #120 Refills 0. The records provided did not specify that patient has set goals regarding the use of opioid analgesics. A treatment failure with non-opioid analgesics is likewise not specified.

The records do not provide documentation of response in regards to pain control and functional improvement to opioid analgesics for the patient. The continued review of overall situation with regards to non-opioid means of pain control is also not documented in the records provided.

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

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

**Norco 7.5/325mg #120 with no refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trials of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "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". In this case, the earliest cited progress note stating the use of Hydrocodone was January 2014. Patient reported decreased pain severity from 5-6/10 into 2-3/10 with medication use. He likewise reported improved functional levels specifically when doing yard work and laundry. Urine drug screen from 06/06/2014 likewise showed consistent results with prescribed medications. Patient signed an opioid agreement contract. Guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 7.5/350mg #120 Refills 0 is medically necessary.