

<b>Case Number:</b>	CM14-0172338		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Tennessee. 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:

This is a 53-year-old female with a 3/25/11 date of injury, when she fell out of a chair and injured her right shoulder. The magnetic resonance imaging (MRI) of the right shoulder dated 10/11/12 (the radiology report was not available for the review) revealed probable partial thickness tear of the rotator cuff. The MRI of the cervical spine dated 10/11/12 (the radiology report was not available for the review) showed a small osteophyte at C4-C5 and C6-C7 with minimal stenosis at C4-C5. The patient was seen on 9/15/14 for a follow up visit. The patient stated that her medication decreased her pain to 5/10 and the patient denied any adverse reactions. The patient was taking Norco 5/325 one tab twice a day, Robaxin 750 mg 1 tab twice a day and Biofreeze. Exam findings revealed that the patient was sitting with her leg extended and that she appeared to be in mild discomfort. The patient was seen on 9/25/14 with complaints of headaches, trapezial pain, and shoulder pain. The radiographs of the right shoulder performed during the visit showed some spurring on the undersurface of the acromion. Exam findings revealed full range of motion of the shoulder with full rotator cuff and deltoid strength. There was some diffuse tenderness around the shoulder and the impingement sign was positive. The diagnosis is neck pain, low back pain, right shoulder pain and lumbar radiculitis. Treatment to date: work restrictions, medications, physical therapy and acupuncture. An adverse determination was received on 10/7/14 for a lack of evidence of a treatment plan to promote the decrease and stopping of the clinical use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60 one tablet twice a day as needed neck and right shoulder pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use of Opioids; On-Going Management / Ongoing.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, the records do not clearly reflect continued functional benefit and the recent urine drug screen test was not available for the review. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5/325mg #60 one tablet twice a day was not medically necessary.