

<b>Case Number:</b>	CM14-0186195		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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:

This is a 51-year-old female with a date of injury of 5/09/09. Mechanism of injury was a slip a fall on water in a laundry room. She sustained injury to the left knee and right shoulder. She underwent ACL repair in 2009 and meniscus repair in 2010. She has also had shoulder surgery for biceps release, RTC repair and distal clavicle excision in November of 2013. The patient was evaluated by an AME in the field of orthopedics on 8/05/14. The AME opined that the patient is at permanent and stationary level for the right shoulder. Impairment is rated. Future medical care includes exercises, orthopedic follow-up, brief periods of physical therapy (PT) and NSAIDS for flares, and use of prescription pain medication as needed. The treating orthopedist notes that the patient has shoulder pain and cannot abduct past 90 degrees, disagreeing with the AME P & S determination. He wants an MRI of the right shoulder to determine if surgery is needed. 10/06/14 ortho follow-up notes that the patient fell down some stairs and broke multiple toes, confirmed in the ED. Ortho injected the right shoulder. Norco is prescribed. This was submitted to Utilization Review. A decision was rendered on 10/24/14, where Norco was not recommended, but Tramadol was approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. The CA MTUS notes that if chronic use is to be done, there should be monitoring with UDS, CURES, risk assessment, pain contract and retained work function. I do not see any of these components; however, the patient is still having acute-subacute pain issues, including a recent fall down some stairs causing multiple broken toes. It does appear that use of an opioid pain medication is reasonable at the time of prescription; however, the patient was prescribed both Norco and Tramadol. There is no clear medical necessity for both, and Tramadol was authorized in Utilization Review and Norco was denied. There is no clear medical necessity that was established for prescription of Norco #100.