

<b>Case Number:</b>	CM14-0061168		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 57-year-old male with reported date of injury on 03/31/2011. The mechanism of injury was reportedly caused by trying to restrain 2 juveniles while performing his duties as an institutional officer. The claimant presented with left shoulder pain. The MRI of the left shoulder dated 07/28/2011 revealed articular sided partial thickness tear of the rotator cuff, subacromial decompression and diminished volume of the posterior labrum with no observable tear. Upon physical examination, the claimant's left shoulder range of motion revealed abduction to 90 degrees, forward flexion to 135 degrees, extension to 30 degrees, internal rotation to 45 degrees, and external rotation to 90 degrees and adduction to 15 degrees. In addition, the claimant presented with positive Neers, Hawkins and lift-off test. The claimant is status post left shoulder surgery in 01/2014. In addition, the clinical information submitted for review indicates that the claimant has previously participated in physical therapy; the results of which were not provided for review. Diagnoses included pain in the shoulder joint, rotator cuff rupture and neck pain. Medication regimen included pantoprazole/Protonix, Tramadol, Flexeril, Norco, Bio freeze, Voltaren, atenolol, gemfibrozil, and Lisinopril. The retrospective request for authorization of Norco 10/325 mg, sig take 1 every 6 hours, 03/07/2014, quantity 120 was submitted on 04/25/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325mg, SIG:Take 1 every 6 hours 03/07/14 QTY:120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines 7/18/2009 Treatment of Hydrocodone/ Acetaminophen; Functional Improvement Measures Page(s): 48, 78, 80, 81, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page(s) 78 Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. According to the clinical note dated 04/03/2014, the injured worker indicates that he is having increased pain in the left shoulder which has been going on for the past 6 months. Within the clinical note dated 04/03/2014, the injured worker indicates that he is having increased pain. There is a lack of documentation related to the ongoing review and documentation of pain relief, functional status, appropriate pain use and side effects. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing utilization of Norco. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the retrospective request for Norco 10/325 mg, sig take 1 every 6 hours, 03/07/2014, quantity 120 is not medically necessary and appropriate.