

<b>Case Number:</b>	CM14-0075079		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 & 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:

The injured worker is a 61-year-old female who reported an injury on 05/26/2009. The mechanism of injury was not provided with the documentation submitted for review. The injured worker's diagnoses were noted to be Cervical Sprain/Strain with Degenerative Disc Disease at C4-5 and C5-6, Right Shoulder Impingement Syndrome, Right Shoulder Adhesive Capsulitis, Labral Tear, and Bilateral Carpal Tunnel Syndrome and prior treatment was noted to be medication management. Pertinent diagnostics was noted to be MRI of the left shoulder without contrast and pertinent surgical history was not documented within this review. The injured worker was noted to have subjective complaints on a primary treating physician's progress report dated 04/10/2014 in which injured worker reported a severe increase of pain in the left shoulder. She also reported no recent trauma to the neck & right shoulder but, neck and right shoulder pain persist. The objective findings revealed left shoulder tenderness, positive for crepitus and very guarded with limited range of motion. Positive drop arm flexion was 100 degrees, abduction was 80 degrees and extension was 20 degrees. There was positive Hawkin's and positive empty can test her medications were noted to be Protonix, Toradol, Naproxen, and Norco. The treatment plan was for refills of Norco, Protonix, and Toradol. The rationale for the request was provided within the treatment plan of the clinical evaluation on 04/10/2014. The Request for Authorization for medical treatment was not provided within the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management; page(s) 78 Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide four domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and recurrence of any potentially adherent (or non-adherent) drug related behaviors. These domains have been summarized as the four: (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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. The clinical documentation provided for review dated 04/10/2014 fails to provide an adequate pain assessment. The pain assessment should include: current pain relief, the least reported pain over a period since last assessment, average pain, the intensity of pain after taking the opiate, how long it takes for pain relief, and how long pain relief lasts. The satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Due to lack of documentation for the ongoing management of Norco and because the provider failed to indicate a drug frequency and quantity, the request is not medically necessary.