

<b>Case Number:</b>	CM14-0096660		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/02/2005
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Nevada. 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 records, presented for review, indicate that this 64-year-old female was reportedly injured on September 2, 2005. The mechanism of injury was noted as repetitive trauma. The most recent progress note, dated June 13, 2014, indicated that there were ongoing complaints of bilateral shoulder pain, bilateral elbow pain, and bilateral upper extremity pain. Current medications include metformin, ibuprofen, atenolol, lisinopril, Actos, glipizide, Zoloft, and Vytarin. The physical examination demonstrated tenderness of the bilateral shoulders with decreased range of motion in all directions. There was a positive Hawkin's test and Neer's test. Muscle strength was 5/5 in the upper extremities. Diagnostic imaging studies of the left and right shoulder revealed a tear in the anterior supraspinatus tendon appearing larger on the left than on the right side. Previous treatment included a bilateral carpal tunnel release, right elbow surgery, right shoulder surgery, physical therapy, an ergonomic evaluation, cortisone injections x 2, a right wrist support, and oral medications. A request had been made for hydrocodone/APAP 10/325 and was not certified in the pre-authorization process on June 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective-Hydrocodone/APAP 10/325mg # 60 (4/30/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Page(s): 80-81, 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.