

<b>Case Number:</b>	CM14-0178829		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	03/15/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal Medicine 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 (IW) is a 69-year-old woman with a date of injury of March 15, 2009. The mechanism of injury was not documented in the medical record. Current diagnoses are right shoulder osteoarthritis, stable, myofascial pain; chronic cervical degenerative arthritis. The handwritten progress reports the medical records are largely illegible. Pursuant to the September 30, 2014 clinical note, the IW presents for a follow-up and medication refills. Subjectively, the IW reports, "I ran out of RX yesterday. Some days pain worse". Objectively, there is a diagram of the back and shoulders with some range of motion documentation, which is illegible. The provider reports that the IW never had withdrawal (?-illegible). Pain is 8+/10 to 5-6/10 with medications. She takes Aleve 2 tablets 3 times a day, which helps headaches. Current medications include Norco, Ultram, and Somas. The earliest progress report in the medical record available for review was dated February 27, 2014. Norco, Ultram, and Soma were all refilled at that time. There were 2 urine drug screens in the record dated April 17, 2014, which was consistent, and August 7, 2014, which was inconsistent. There was no discussion or explanation documented regarding the discrepancy. The current request is for Norco 10/325 mg #180 for the right shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180 for right shoulder pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 #180 for right shoulder pain is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed assessment should accompany ongoing chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's diagnoses are chronic cervical degenerative arthritis, Myofascial pain, right shoulder degenerative arthritis stable. The handwritten progress notes are largely illegible. The injured worker, according to a February 27, 2014 progress note, is taking both Norco and Ultram. There is no clinical indication for the use of two opiates concurrently. Additionally, the injured worker had two urine drug screens. One urine drug screen from April 17, 2014 was consistent with medicines being taken. A second urine drug screen from August 7, 2014 was inconsistent. There is no further documentation addressing this issue. The workers also taking Soma, a muscle relaxant, which increases the risk of adverse effects in association with opiates. The documentation does not contain evidence of objective functional improvement although it does state subjective improvement. Consequently, absent the appropriate documentation and evidence of objective functional improvement along with clinical rationale for the use of two opiates taken concurrently, Norco 10/325 #180 for right shoulder pain is not medically necessary.