

<b>Case Number:</b>	CM14-0186581		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/04/2003
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Occupational 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 55 year old female who as injured on 9/4/03 and reports chronic left shoulder pain. She underwent a sub-acromial decompression and Mumford of the left shoulder on 7/3/12, prior to that she had undergone arthroscopic surgeries in 2005 and 2007. According to 1/7/14 clinic note she reports pain has worsened over past few months however she continuous to report improvement with Norco 2.5/325mg three times daily. On physical exam she is found to have tenderness over right subacromial region, anterior capsule and posterior musculature. Impingement tests are positive on the right and range of motion is limited in all planes bilaterally. As well there is right elbow tenderness over the lateral epicondyle, flexor and extensor tendons of the proximal forearm. Right wrist exam reveals tenderness over lateral wrist and dorsal capsule. Diagnoses include chronic shoulder pain, right medial epicondylitis and left tendinitis. Plan is to continue with Norco 2.5/325mg four times daily, stating that the patient has reached a maximum medical improvement. Sonata 10mg is added to treatment plan. Further orthopedic follow-up on 5/23/14 she report right upper extremity pain of 7/10 without medication and 2-3/10 with medication. As well there is numbness of the right little finger. Examination there is tenderness to palpation over anterior capsule, apprehension test is positive and range of motion is restricted bilaterally. Right elbow also shows medial epicondyle tenderness. There is no change in clinical impression; plan is to proceed with right shoulder arthroscopy and to continue with Norco as needed for pain. Orthopedic follow-up on 7/16/14 the patient continues to report pain of the shoulder, unchanged since last exam ranging from 4-7/10. There is no significant change in physical exam findings. Plan is to proceed with arthroscopic intervention and pain management. On 9/24/14 the IW presents with right shoulder pain and that pain is worsening and having difficulties maintaining normal activities due to pain and spasm.

On exam there is tenderness and severe decrease in range of motion. Plan is consultation with pain medicine for intra-articular injections and continue Norco 5/325mg bid.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/352mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-96.

**Decision rationale:** While low dose short-acting opioids may be appropriate in the treatment of chronic pain in the case that there is measurable improvement, unfortunately it appears from review of the most recent clinic records provided that the patient is not receiving clinically apparent benefit from continued use of short-acting opioid, either in terms of reduced pain symptoms or improvement of functional capacity. This may be due to gradual tolerance from long-term use of short-acting opioids. Additionally, I did not find record of regular urine drug screening throughout the records provided or notes of opioids agreement and counseling of opioid risks, both of which are listed in MTUS guidelines as being part of an opioid management program. Consequently the requested medication is not medically supported by the cited guideline.