

<b>Case Number:</b>	CM14-0191137		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine, and is licensed to practice in Florida. 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 patient is an adult male with a date of injury of 9/9/2013. He underwent a right shoulder arthroscopic rotator cuff repair, acromioplasty, and distal clavicle resection on 2/11/14. His diagnoses include: Right shoulder post traumatic arthrosis of the acromioclavicular joint, right shoulder rotator cuff tear of the supraspinatus (30% complete with retraction), cervical sprain/strain, right trigger thumb, and right carpal tunnel. On a 9/2014 progress note it was noted that the patient would be referred to pain management for a "better medication that is not as addicting as Norco." At this visit his Norco was refilled. He is also noted to be on Xanax, Ketoprofen, Gabapentin, and Tramadol. His physical exam note on this visit mentions the following. Impingement tests were noted to "all be positive" on the right. Weak abductors were also noted on the right upper extremity exam. The examining physician stated that it was clear that he had a rotator cuff tear and required surgery, but that further surgical procedures were pending cardiology clearance. As of this 9/2014 progress note he was documented to be on disability and not working. A utilization review physician did not certify a refill of his Norco. Therefore, an Independent medical review was requested.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is not adequate documentation regarding whether or not this patient has had improved pain and functioning with Norco. Likewise, this request for Norco is not medically necessary.