

<b>Case Number:</b>	CM14-0207942		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Practice, and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured on 7/11/2013 involving his shoulder. He was diagnosed with a SLAP lesion/rotator cuff tear of the right shoulder and lumbar disc herniation with radiculopathy. He was treated with medications. There was no supportive documentation from around the time of or before the date of service: 8/5/2013. However, the UR report on this request from 12/9/14 stated that the worker was experiencing shoulder pain rated 6/10 on the pain scale and back pain rated 8-9/10 on the pain scale on 7/25/13 and muscle spasms in the back. The worker reported that the medications were minimally helpful (Norco, Robaxin, Motrin) at the time. He was then recommended right shoulder decompression with labral resection and biceps tendosis and rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) DOS 008/05/13 Hydrocodone/Acetaminophen 7.5/325mg # 40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was only indirect reports of the progress note from 7/25/13 as stated by the previous reviewer, who was able to directly review this progress note and other documents from the time of the date of service (8/5/13). However, in the documents available for review for this independent review, there was no such documents available for review. Based on the evidence available, albeit indirect, it appears that there was insufficient evidence for functional and even pain-reducing benefit of the Norco at the time, and therefore, will be considered medically unnecessary.