

<b>Case Number:</b>	CM14-0209479		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 injured worker with a history of shoulder surgery in October 2011. Date of injury was August 1, 2011. Regarding the history of injury, the patient was in a storage unit walking backwards carrying a load of electronic equipment when he tripped over something and fell, landing on his left arm. He had an MRI on 8/30/11 which showed a rotator cuff tear. On 10/28/11, he underwent left shoulder surgery in October 2011. He had physical therapy post operatively. The progress report dated November 24, 2014 documented that the patient returned for evaluation of his left shoulder following his arthroscopic procedures. He still has residual pain. He takes three Norco per day. He also takes Voltaren and Flexeril on a regular basis which relieves the effects of his industrial injury and allows him to function at his current level. He was given a refill. The Flexeril is for parascapular tightness and spasm, and it also helps normalize his sleep pattern. The Voltaren is for its anti-inflammatory effects. The progress report dated December 22, 2014 returned for evaluation of his left shoulder following procedures. He still has significant residual pain. He takes Voltaren, Flexeril, and Norco on a regular basis which relieves the effects of his industrial injury and allows him to function at his current level. He was tolerating the medications well. He was given a refill on these, and the Voltaren was dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 47-48; 212-214, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for shoulder conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for shoulder conditions. No physical examination was documented in the progress report dated December 22, 2014. Norco is a schedule II Hydrocodone combination product. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Norco 5/325 mg is not supported by MTUS and ACOEM guidelines. Therefore, the request for Norco 5/325mg, #90 is not medically necessary.