

<b>Case Number:</b>	CM15-0002051		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/15/2000
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: New York  
 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:

This 61 year old male was injured 5/15/00 resulting in injury to both shoulders. He had bilateral frozen shoulders that had been released years ago. In 8/14 he jammed his left shoulder with his cane resulting in pain and stiffness. In addition he complains of back and leg pain 7/10. He is not taking any pain medication currently. Radiographs were unremarkable and show no arthritis (11/20/14). Diagnosis was left frozen shoulder; status post L3-5 laminectomy/ anterior lumbar interbody fusion at L4-5 and L5-S1. Treatments to date include physical therapy. The treating physician requested Norco 10/325 mg # 40 BID, as needed (prn). On 5/15/00 Utilization Review (UR) non-certified the request for Norco 10/325 mg # 40 BID to prn based on documentation indicating that the injured worker has not utilized any pain medications following his re-injury and that guidelines suggest that opiates are rarely beneficial for mechanical or compressive etiologies as one would expect with a frozen shoulder. In addition the provider has not indicated why oral anti-inflammatories would not be an option and there is no recent conservative care documented. MTUS was referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325, #40, one twice daily or as needed for left shoulder pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** The documentation indicates the claimant has been treated with opioid therapy with Norco. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medications pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the chronic use of short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.