

<b>Case Number:</b>	CM15-0003371		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Pulmonary Disease

### 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 is a 34 year old female, who sustained an industrial injury on 8/20/2012. She reported left shoulder pain. She underwent left shoulder arthroscopy, decompression, evaluation of the labrum and biceps tendon, and rotator cuff repair on 7/17/2014. The diagnoses have included impingement syndrome of the left shoulder, status post decompression, debridement of the labrum and attempted acromioclavicular joint resection and, discogenic cervical condition or facet inflammation. Treatment to date has included NCS (nerve conduction studies) which revealed carpal tunnel syndrome. Magnetic resonance imaging (MRI) of the shoulder dated 11/12/2013 was read by the evaluating provider as status-post superior labral repair. Currently, the IW complains of left shoulder pain, rated as a 6-7 out of 10. Objective findings include left upper extremity lateral abduction to 50 degrees. On 12/17/2014 Utilization Review non-certified a request for Norco 10/325mg #60 and Tramadol ER 150mg #30, noting the lack of medical necessity. MTUS was cited. On 1/07/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #60 and Tramadol ER 150mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient had a left shoulder injury on 08/20/2012 and had left shoulder surgery on 07/17/2014. In addition to other medication she is taking two opiates. MTUS Chronic Pain criteria for on-going opiate treatment requires continued documentation of analgesia efficacy, improved functionality with respect to ability to do activities of daily living/work, adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet these criteria and the opiate is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient had a left shoulder injury on 08/20/2012 and had left shoulder surgery on 07/17/2014. In addition to other medication she is taking two opiates. MTUS Chronic Pain criteria for on-going opiate treatment requires continued documentation of analgesia efficacy, improved functionality with respect to ability to do activities of daily living/work, adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet these criteria and the opiate is not medically necessary.

**Nalfon 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 68.

**Decision rationale:** Nalfon is an NSAIDS medication with a FDA black box warning that it causes an increased risk of stroke, cardiovascular disease, renal disease and GI bleeding. Taking NSAIDS increases the risk for tissue damage in the healing process. The patient has also been taking two opiates for pain control. The surgery was on 07/17/2014 and continued chronic NSAIDS in this 34 year old patient has not been documented to improve the long term functional outcome of her shoulder surgery or it's functionality at this point relative to the date of surgery while exposing her to the risk of chronic NSAIDS treatment.