

<b>Case Number:</b>	CM15-0105526		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 75 year old male, who sustained an industrial injury on 5/14/07. He reported sudden pain in right shoulder in addition to low back pain while on garbage detail. The injured worker was diagnosed as having right cubital tunnel syndrome, right shoulder pain and sprain of rotator cuff. Treatment to date has included shoulder joint injections, carpal tunnel injection, oral medication including Ibuprofen and Norco and activity restrictions, rotator cuff repair, physical therapy and home exercise program. Currently, the injured worker complains of bilateral hand numbness, right arm pain, increased left shoulder pain and right shoulder pain. He noted he has received a shoulder steroid injection in the past with good results. He is on permanent work restrictions. Physical exam noted decreased sensation at C6 distribution of right wrist, right pain and tenderness to the anterior, medial and posterior deltoid region, pain is also noted superiorly over the acromium process, positive impingement of right shoulder and pain and tenderness to the anterior, medial and posterior deltoid region with pain noted superiorly over the acromium process and pain with range of motion. A request for authorization was submitted for right shoulder injection and Norco 10/325mg #60.

### 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 When to discontinue Opioids, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment evidence of significant functional improvement therefore the request for Norco is not medically necessary.