

<b>Case Number:</b>	CM15-0131307		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/29/2009
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 36-year-old female, who sustained an industrial injury on 08/29/2009. According to a progress report dated 05/28/2015, the injured worker was evaluated for right shoulder pain radiating to the right elbow and into the fingers. Current medications included Pepcid, Lorazepam, Zoloft, Norco 10/325 mg four times a day as needed, Ibuprofen 600 mg three times a day and medical THC. Impression/differential diagnoses included right shoulder impingement, right shoulder partial tendon tear, right shoulder rotator cuff tendonitis and chronic right shoulder pain. Norco provided a 50% decrease in pain and 50% improvement in activities of daily livings such as self-care and dressing. A previous urine drug screen was consistent. This report was not submitted for review. There was an up-to-date pain contract. There were no adverse effects with use of Norco. The injured worker showed no aberrant behaviors. The injured worker was permanent and stationary with open future medical. Work restrictions included no overhead work, avoidance of repetitive use of the right shoulder and no lifting over 5 pounds with the right hand. The injured worker was to return for a follow up in 4 weeks. Currently under review is the request for Norco 10/325 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 4/21/15 was consistent with prescribed medications and also positive for THC, which was noted to be from a prescription. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.