

<b>Case Number:</b>	CM15-0133108		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Pediatrics, 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 injured worker is a 51 year old male, who sustained an industrial injury on May 16, 2014. He reported injured his right shoulder while pulling ivy at work. The injured worker was diagnosed as having shoulder pain. Treatments and evaluations to date have included MRI, shoulder injection, physical therapy, home exercise program (HEP), TENS, and medication. Currently, the injured worker complains of right shoulder pain. The Treating Physician's report dated June 2, 2015, noted the injured worker rated his pain with medication a 2 on a scale of 1 to 10, and 4.5 without medications on a scale of 1 to 10. The injured worker's activity level was noted to have remained the same. The injured worker received a shoulder injection on February 4, 2015, noted to provide no relief. The injured worker reported he had completed 12 of 12 sessions of physical therapy without significant relief. The injured worker's current medication was listed as Norco. Physical examination was noted to show the injured worker in no distress, with the right shoulder movements restricted and a positive Hawkins test. The left shoulder movements were noted to be restricted. The treatment plan was noted to include a refill of the Norco. The injured worker was noted to currently not be working as his restrictions were not being accommodated at work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325mg #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Norco (Hydrocodone/Acetaminophen) is indicated for moderate to moderately severe pain. The injured worker was noted to have been prescribed Norco since May of 2014. On May 13, 2015, the injured worker reported increasing pain and right shoulder symptoms despite using the Norco. In February 2015, the injured worker reported his pain without the medication as 3 on a scale of 1 to 10, and on June 6, 2015 the injured worker reported his pain a 4.5 on a scale of 1 to 10 without medication and no change in his activity level. The documentation provided noted a continued increase reported in the pain despite the use of the Norco. Although the injured worker was noted to be able to perform activities of daily living (ADL) for 30-45 minutes at a time with medications and 10 minutes at a time without medications, the documentation provided did not include objective, measurable improvement in the injured worker's pain, improvement in the injured worker's quality of life, or a reduction in his dependency on continued medical treatment. The documentation provided did not include documentation of a pain assessment that included the injured worker's current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the Norco, how long it takes for pain relief, or how long the pain relief lasts. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for one prescription of Norco 10/325mg #45.