

<b>Case Number:</b>	CM15-0139987		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Tennessee  
 Certification(s)/Specialty: Emergency 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 44 year old male who sustained an industrial injury on 9-8-14. Diagnosed with right shoulder pain tendinopathy and labral tear and right carpal tunnel syndrome. Treatments include medication, physical therapy and right carpal tunnel release. Progress report dated 6-24-15 reports injured worker was last seen on 4-21-15. He had continued complaints of right shoulder pain. He has increased pain with performing home exercise program. Due to increase in pain, he took norco three times per day and he ran out. Diagnoses include: labral tear right shoulder and right carpal tunnel syndrome. Plan of care includes: refill norco 10-325 mg three times per day, #90 brand name due to severe stomach upset with generic form and urine toxicology screen done. Work status: no repetitive lifting of right hand over 10 pounds, brief period use of right hand okay, no repetitive reaching, overhead work, occasional lift right hand okay (10-20 pounds), occasional reach overhead work okay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Pain, urine drug testing.

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than anti-depressants or anti-convulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving since at least November and has obtained adequate analgesia. In addition, there is documentation that the patient has signed an opioid contract and is participating in urine drug testing. Criteria for long-term opioid use have been met. The request is medically necessary.

**Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction / aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction / aberrant behavior should be tested as often as once per month. In this case the patient underwent urine drug testing on April 21, 2015. The patient has not exhibited addiction/aberrant behavior. Urine drug testing is not indicated until April 2016. The request is not medically necessary.