

<b>Case Number:</b>	CM15-0140165		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/14/2015
<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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 76 year old male who sustained an industrial injury on 05-14-2007 resulting in injury to the right shoulder and low back. Treatment provided to date has included: 3 right shoulder surgeries; physical therapy; right shoulder injections; carpal tunnel injections; medications; and conservative therapies and care. Diagnostic tests performed include: EMG/NCV (electromyography/nerve conduction velocity) testing (2014) showing right C6-C7 radiculopathy. Other noted dates of injury documented in the medical record include: left leg injury in 2010. Comorbidities included arthritis. On 06-30-2015, physician progress report noted complaints of increasing right shoulder pain. No pain rating or description of the pain was mentioned in this report or in any of the previous progress reports. Additional complaints included bilateral hand numbness. Current medications include Norco and ibuprofen. The progress report states that the Norco helps to provide enough pain relief for the injured worker to complete his activities of daily living. Laboratory testing was reported to have shown an elevated BUN (blood Urea Nitrogen) level of 25 (normal 7- 22 mg/dL), and an elevated Creatine Kinase of 294 (normal 5 - 130 U/L) resulting in the physician's strong recommendation that the injured worker stop all NSAIDs (non-steroidal anti-inflammatory drugs) indefinitely. The physical exam revealed decreased sensation at the C6 distribution only; positive cubital tunnel Tinel's test; pain and tenderness to the anterior, medial and posterior deltoid region of the bilateral shoulders; pain superiorly over the acromion process of the bilateral shoulders; pain with internal and external rotation of the bilateral shoulders; positive Hawkin's, Speed and Obrien tests in the right shoulder; positive impingement and Hawkin's test in the left

shoulder; mildly restricted range of motion (ROM) in the right shoulder; and slight decreased motor strength in the shoulder girdle of both shoulders. The provider noted diagnoses of right cubital tunnel syndrome, right shoulder pain, and sprain of the rotator cuff. Plan of care includes injection under fluoroscopic guidance to the right subacromial space, discontinue all NSAIDs, continued Norco (one per day), and follow-up in 6 weeks. The injured worker's work status remained permanent with work restrictions. The request for authorization and IMR (independent medical review) includes: Norco 10-325mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that “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; 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. While medical documentation provided indicate this patient has increased level of function and improved quality of life with current medications. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid or pain relief. As such, the request for Norco 10/325mg #90 is not medically necessary.