

<b>Case Number:</b>	CM15-0140587		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	12/17/2003
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/30/2015
<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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 an 80 year old female who sustained an industrial injury on 12-17-2003. Mechanism of injury was repetitive stress involving both upper extremities. Diagnoses include pain in joint-shoulder, status post right arthroscopic surgery x 2 and left x 1, carpal tunnel syndrome, lesion of the ulnar nerve and tenosynovitis of the hand-wrist. Treatment to date has included diagnostic studies, medications, physical therapy, corticosteroid injections, status post right shoulder rotator cuff surgery with bilateral carpal tunnel and trigger finger releases in 2000, left shoulder cuff rotator cuff repair in 2001, right shoulder re-do rotator cuff repair and implantation of Restore graft on 12-18-2003, status post left shoulder arthroscopy, debridement of glenohumeral joint, biceps tenotomy and subacromial decompression on 06-27-2013. She is not working. A physician progress note dated 04-29-2015 documents the injured worker complains of bilateral shoulder pain and wrist pain, but her neck and shoulder pain are the more painful areas. She has difficulty grasping and holding onto objects, pushing and pulling objects and lifting objects. She cannot place objects into shelves anymore. Her medications include Norco which she uses very little and Naproxen for non-steroidal anti-inflammatory effects and she uses Sumatriptan for headaches because her shoulder pain and neck pain triggers migraine headaches. Her medications reduce her pain by 50%. She has a painful arc at about 85 degrees of the bilateral shoulders in regard to forward flexion and abduction. There is tenderness over both shoulder capsules on the right more posterior, and on the left anterior and posterior. She has tenderness over the right wrist. There is triggering present in her hands bilaterally. Treatment requested is for Retro DOS 4/29/2015 Norco 5/325 mg, thirty count.

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

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

**Retro DOS 4/29/2015 Norco 5/325 mg, thirty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 80 - 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-84.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The provided medical records meet these stated criteria. Therefore the request is medically necessary.