

<b>Case Number:</b>	CM15-0142785		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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  
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 34 year old male patient who sustained an industrial injury on May 28, 2014. The injured worker is employed as a commercial truck driver and injured his right elbow on the vehicle door handle resulting in injury. He reported feeling a popping sensation in the right shoulder with immediate onset of right elbow pain. A primary treating office visit dated June 25, 2015 reported the patient with subjective complaint of right shoulder pain. The pain is rated a 5.5 in intensity with the use of medication and goes up to an 8 in intensity without using medications. His quality of sleep is noted poor. He states that the Embeda is still causing drowsiness. The patient feels that he needs to increase his pain and participate in additional physical therapy session. There is mention of past order to obtain an ultra sound and magnetic resonance imaging scan that noted with denial. He has been out of work for the past year. The current medication regimen is: MS Contin 15mg; Norco 10 325mg, Aspirin, Flexeril, Naprosyn, Omeprazole, and Tramadol. Treating diagnoses were: shoulder pain, lateral epicondylitis, and elbow pain. Back at a follow up visit dated January 05, 2015 the chief complaint noted right shoulder pain. The principle diagnoses were: right SLAP repair; rotator cuff repair; synovectomy debridement of labrum, subacromial decompression; chondroplasty of humeral head and glenoid fossa on December 23, 2014. He is to continue with course of physical therapy, and current medications along with remaining off from work at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 tablet mg sig: tak 1 tab 3 times a day as needed for pain, qty 90.00 refills 1:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement in pain and function along with monitoring is appropriate. However, a refill of norco is not appropriate as per MTUS guidelines concerning close monitoring. Norco is also a schedule 2 DEA controlled medication, which does not allow for refills. Norco is with refills is not medically necessary.

**MS contin CR 30 mg tablet sig: take 1 tab 2 times a day, qty 60, refills: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-79.

**Decision rationale:** MS Contin is extended release morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation of objective improvement in pain and function along with monitoring is appropriate. However, a refill of MS Contin is not appropriate as per MTUS guidelines concerning close monitoring. MS Contin is also a schedule 2 DEA controlled medication, which does not allow for refills. The decision to increase dose of MS Contin in expectation for more physical therapy when patient is stable on current regiment is not appropriate. MS Contin with refills is not medically necessary.