

<b>Case Number:</b>	CM15-0143401		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/01/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old female, who sustained an industrial injury on June 15, 2012. The injured worker reported that she slipped grabbing onto a sink to break her fall and subsequently heard a snapping sound from her shoulder. The injured worker was diagnosed as having unspecified shoulder bursa or tendon disorder, other mononeuritis of the lower limb, and adhesive capsulitis of the shoulder. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, medication regimen, physical therapy, and multiple surgeries to the left shoulder. In a progress note dated June 16, 2015 the treating physician reports complaints of ongoing pain to the left shoulder. Examination reveals impingement and decreased range of motion to the left shoulder. The injured worker's current medication regimen included Norco, Diclofenac Sodium, and Percocet. The injured worker's current pain level was rated an 8, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. The treating physician also noted that the injured worker has impairment with performing household activities and did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medication of Norco 10-325mg with a quantity of 60 noting current use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in June 2012 and continues to be treated for left shoulder pain. When seen, pain was rated at 8/10. Recent MRI results were reviewed. There had been postoperative changes and mild tendinitis. Physical examination findings included decreased range of motion and positive impingement testing. Authorization for an interdisciplinary pain management program evaluation was requested. Norco and Percocet were active medications. Norco was refilled at the same dose. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.