

<b>Case Number:</b>	CM15-0143978		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old woman sustained an industrial injury on 3-20-2009. The mechanism of injury is not detailed. Evaluations include lumbar spine MRIs dated 5-17-2011 and 12-26-2007, lumbar spine x-rays dated 5-17-2011, and right shoulder MRI dated 10-25-2010. Diagnoses include shoulder pain. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 7-15-2015 show complaints of bilateral shoulder pain. The worker rates her pain 9 out of 10 without medications and 5 out of 10 with medications. Recommendations include continue home exercise program, decrease Norco, continue physical therapy, exercise ball, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg sig; take 1 twice daily as needed #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** The 57 year old patient complains of bilateral shoulder pain, rated at 5/10 with medications and 9/10 without medications, along with poor quality of sleep, as per progress report dated 07/15/15. The request is for NORCO 10/325 mg SIG; TAKE 1 TWICE DAILY AS NEEDED #60. The RFA for this case is dated 07/15/15, and the patient's date of injury is 03/20/09. The patient is status post right shoulder surgery on 02/26/15, status post lumbar spine surgery on 12/31/13, and status post L5-S1 lumbar fusion on 01/16/15, as per progress report dated 06/17/15. Current medications, as per progress report dated 07/15/15, included Trazodone, Zoloft, Flexeril, Gabapentin, Imitrex, Norco and Omeprazole. The patient's work status has been documented as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is noted since progress report dated 03/18/15. In the most recent progress report dated 07/15/15, the treater states that the She is able to taper further on her Norco and can go back to #60/month. As per the report, the patient's pain is rated at 5/10 with medications and 9/10 without medications. Medications help improve quality of life. With the medications the patient can perform household tasks including cooking, cleaning, self-care for 30 to 45 minutes or greater at a time. This is a functional improvement over baseline without medications. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less. [REDACTED] report, dated 03/18/15 indicated that the patient received opioids from another doctor. The treater has since explained the terms of the opioid agreement again to the patient. As per progress report dated 04/15/15, UDS reports have been consistent. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use, the request IS medically necessary.