

<b>Case Number:</b>	CM15-0147269		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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:

The injured worker is a 51 year old male who sustained an industrial injury on 07-29-2010. According to a progress report from the primary treating physician dated 06-08-2015, subjective complaints and objective findings stated "meds only". Diagnoses included right shoulder impingement syndrome, status post right shoulder arthroscopy, subacromial decompression, Mumford on 05-09-2012 and arthroscopy, revision subacromial decompression, revision Mumford and lysis of adhesions on 02-08-2013 and right knee ACL (anterior cruciate ligament) tear and prepatellar bursitis with possible meniscal pathology, status post arthroscopy right knee ACL reconstruction using tibial posterior allograft, synovectomy, debridement, meniscectomy on 04-20-2011. The treatment plan included urine drug screen, refill Norco 10-325 mg 1 by mouth every 6-8 hours as needed for severe pain. Work status was not addressed. According to a psychiatric progress report dated 06-08-2015, the injured worker reported pain in his low back that was rated 5-6 (not that strong but bothersome), right knee pain rated 5 with numbness in the right foot, right shoulder pain rated 4 and neck pain rated 3-4 and improved from before. The provider noted that these numbers were consistent with the pain levels reported on 11-10-2014, 01-19-2015 and 03-23-2015. He slept 7-8 hours per night. Sleep had been consistently improved during all of 2015. Current medications included Norco, Flexeril, Pantoprazole and Naproxen. The provider noted "Norco 10-325 as needed average 2/week, but off x 2 weeks, ran out". Diagnoses included pain disorder and mood disorder. The treatment plan included continuation of Prozac. According to a partially legible, handwritten, primary treating physician progress report dated 06-29-2015, the injured worker was status post Lidocaine and Toradol injection in

the right shoulder which helped decrease pain for 2-3 months. He reported some worsening pain in the right shoulder, some pain in the right knee and new left lumbar spine pain to the posterior hip. He took Norco 1 tab every 3 days only. The treatment plan included follow up on request for authorization for medications-Norco; ultrasound guided right shoulder injection and continuation of home exercise program. He was to return in 3 months for a follow up. Work status was permanent and stationary. Currently under review is the request for Norco 10/325 mg #60.

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

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

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

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

**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 current request is for Norco 10/325mg #60. The RFA is dated 06/22/15. Previous treatment included status post right shoulder arthroscopy, subacromial decompression, Mumford on 05-09-2012 and arthroscopy, revision subacromial decompression, revision Mumford and lysis of adhesions on 02-08-2013, status post arthroscopy right knee ACL reconstruction using tibial posterior allograft, synovectomy, debridement, meniscectomy on 04-20-2011, physical therapy and medications. The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to a psychiatric progress report dated 06-08-2015, the injured worker reported pain in his low back that was rated 5-6, right knee pain rated 5 with numbness in the right foot, right shoulder pain rated 4 and neck pain rated 3-4. According to primary treating physician progress report dated 06-29-2015, the injured worker was status post Lidocaine and Toradol injection in the right shoulder, which helped decrease pain for 2-3 months. He reported some worsening pain in the right shoulder, some pain in the right knee and new left lumbar spine pain to the posterior hip. He is taking Norco 1 tab every 3 days only. The treatment plan included refill of Norco. The medical reports are scarce, and some are hand written and partially illegible. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. There is one UDS from 03/15/15, but no CURES or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.