

<b>Case Number:</b>	CM15-0163849		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 55-year-old male, who sustained an industrial injury on 9-17-2009. The injured worker was diagnosed as having urinary incontinence status post urine catheterization for cervical spine surgery, history of hematuria, history of diabetes mellitus, orthopedic diagnosis, right shoulder internal derangement, right shoulder pain, status post right shoulder surgery, right elbow sprain, chronic pain, headaches, status post cervical surgery. The request for authorization is for: Norco 10-325mg The UR dated 7-30-2015: Non-certified the request for Norco 10-325mg Several pages of the medical records have handwritten information which is difficult to decipher. On 7-20-2015, he is seen regarding a urinary tract infection. On 7-21-2015, he reported pain to the neck, right shoulder, left shoulder, right elbow, and bilateral knees, mid and low back. He rated the right shoulder pain 8 out of 10 and indicated radiation to the chest. The left shoulder pain is noted to be compensatory. He rated the neck pain as 6-7 out of 10 and indicated he has constant headaches. He rated the right elbow pain as 8 out of 10 and the knee pain as 7 out of 10 with the right being greater than the left and with radiation to the right toes. He reported the mid to low back pain to be 'severe'. Objective findings are noted as cervical spine as flexion 50, left rotation 45, right rotation 50, left flexion 30, and right 30. The provider included in the treatment plan to refill Norco. On 7-22-2015, work status is noted to be per AME. He reported that his neck was feeling better, however when he bends he has the feeling of difficulty with breathing. He stated he felt as if something was 'coming against the throat'. He indicated he was now having problems with his shoulders and pain in the shoulder blades. Current medications include: Cialis, Metformin, Ibuprofen, and Norco. The treatment and diagnostic testing to date has included:

magnetic resonance imaging of the right shoulder (7-29-2015), magnetic resonance imaging of the cervical spine (7-2-2015), multiple x-rays, multiple courses of physical therapy, epidural injection (2011), medications, right shoulder surgery (2014), cervical spine surgery (2015), urinalysis, blood work, renal and pelvic ultrasound.

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

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

**Norco 10/325mg, unspecified quantity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The claimant sustained a work injury in September 2009 and continues to be treated for neck, mid back, and low back pain and bilateral shoulder and knee and right elbow pain. He underwent right shoulder arthroscopic surgery with a subacromial decompression in June 2014 and multilevel anterior cervical decompression and fusion in May 2015. When seen, he was having continued pain with extremes of cervical spine range of motion. There was shoulder tenderness bilaterally. Therapy was pending. Medications were refilled. 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, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Range of Motion Testing Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, ROM Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM).

**Decision rationale:** The claimant sustained a work injury in September 2009 and continues to be treated for neck, mid back, and low back pain and bilateral shoulder and knee and right elbow pain. He underwent right shoulder arthroscopic surgery with a subacromial decompression in June 2014 and multilevel anterior cervical decompression and fusion in May 2015. When seen, he was having continued pain with extremes of cervical spine range of motion. There was shoulder tenderness bilaterally. Therapy was pending. Medications were refilled. On 08/12/15, he was continuing a home exercise program. Authorization for right elbow surgery was pending.

He was having ongoing bilateral shoulder pain with radiating symptoms. Physical examination findings included decreased right shoulder range of motion with acromioclavicular joint tenderness. There was right lateral epicondyle tenderness and right knee joint line and patellar tenderness with positive McMurray's testing. There was pain with resisted wrist extension. Range of motion testing is being requested. Range of motion should be a part of a routine musculoskeletal evaluation. The extremities have the advantage of comparison to the other side, and there is no useful clinical application of sensitive computerized testing. The claimant's treating provider would be expected to be able to measure range of motion using conventional techniques. The requested testing was not medically necessary.