

<b>Case Number:</b>	CM15-0164753		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/18/2015
<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:

This is a 62-year-old male who sustained an industrial injury on 08-08-2013 due to a motor vehicle accident. Diagnoses include right shoulder bursitis and impingement; partial rotator cuff tear; right elbow mild osteoarthritis with lateral epicondyle evulsion; and right carpal tunnel syndrome. Treatment to date has included medication, physical therapy, carpal tunnel release, chiropractic, acupuncture, bracing and exercise program. According to the progress notes dated 5-28-2015, the IW (injured worker) reported he felt good and his symptoms had mostly resolved (since carpal tunnel release surgery 5-14-2015), but he still took post-operative medication as needed. He complained of right shoulder pain rated 4 out of 10, described as intermittent pins and needles and popping of the shoulder. The pain was exacerbated with extending the arm and lifting overhead and was associated with weakness. He also had intermittent pain in the right elbow with numbness radiating down into the right hand at the 3rd, 4th and 5th digits, rated 4 out of 10. On examination, there was tenderness in the right shoulder region, including the trapezius, acromioclavicular joint and biceps tendon; over the right lateral and medial epicondyles; and over the dorsal and volar aspects of the right wrist. No instability was noted in the right shoulder, elbow or wrist. Neer, Hawkins, Yergason and Speed tests were positive. Sensation was altered in the right C7 distribution. Cervical MRI dated 11-22-2014 showed partial flattening of the C5 and C6 vertebrae and multilevel disc protrusions. MRI of the right shoulder on the same date showed fluid in the shoulder joint, arthrosis of the acromioclavicular joint, supraspinatus tear, scattered 1 mm cysts in the humeral head and mild degree of fluid in the biceps tendon sheath. Norco was prescribed 1-28-2015. A request was made for 30 tablets of Norco 5-325mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #30:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in August 2013 and is being treated for right shoulder, elbow, and wrist complaints. He has a diagnosis of right carpal tunnel syndrome. Treatments have included therapy and medications. When seen, there was decreased shoulder range of motion with tenderness and positive impingement testing. Yergason, Speed, and O'Brien testing was positive. There was decreased right upper extremity sensation. There was medial and lateral epicondyle tenderness and pain with range of motion. Tinel's testing was positive at the elbow and wrist. Phalen's testing was positive. There was wrist tenderness and pain with range of motion. Carpal tunnel release surgery was recommended with postoperative medication to include Norco. The claimant was not taking any medications. Criteria for the use of opioids include an assessment of pain and response to nonopioid analgesic medications. When requested, the claimant was not taking any opioid medication. Without assessing pain following the procedure, predicting a need for opioid medication would not be possible. Prescribing Norco prior to undergoing the planned procedure is not appropriate or medically necessary.