

<b>Case Number:</b>	CM15-0181243		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/09/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 injured worker is a 52 year old male who reported an industrial injury on 2-9-2015. His diagnoses, and or impressions, were noted to include: rotator cuff rupture, traumatic; and right shoulder pain. Recent magnetic imaging studies of the right shoulder were done on 3-24-2015, noting abnormal findings. His treatments were noted to include: surgery; physical therapy; medication management; and a return to modified work duties. The progress notes of 7-29-2015 noted a follow-up exam of right shoulder injury, status-post surgery and physical therapy, with reports that he was doing better, but still had pain and needed a refill of Norco' also reported was intermittent tingling in the right dorsal hand. The objective findings were noted to include: a well healed right shoulder incision, still with sutures, that was with mild diffuse tenderness; the range-of-motion was not tested; and removal of sutures. The physician's requests for treatment were not noted to include refilling Norco 10 mg, 1 tablet every 4-6 hours for severe pain, #60. The Request for Authorization, dated 7-29-2015, was for Norco 10 mg 1 tablet every 4-6 hours as needed for pain, #60 with no refills. The Utilization Review of 8-14-2015 non-certified the request for Norco 10 mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in February 2015 with a repeat injury to the right shoulder and underwent a right rotator cuff repair in June 2015. When seen by the requesting provider he was receiving physical therapy and was doing better. He was still having pain with intermittent right hand tingling. Physical examination findings included mild diffuse tenderness. Range of motion was not tested. There was normal distal sensation and normal grip strength. Norco was 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.