

<b>Case Number:</b>	CM15-0191129		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/26/2006
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 61 year old male, who sustained an industrial injury on 2-26-06. He reported bilateral upper extremity pain. The injured worker was diagnosed as having shoulder pain and rotator cuff rupture. Treatment to date has included bilateral rotator cuff repairs in 2007, physical therapy, TENS, and medication including Norco, Lyrica, and Oxycontin. On 8-13-15 the treating physician noted the injured worker "states he is able to perform his activities of daily living and increase his activity level with aid of medication." Physical examination findings on 8-13-15 included restricted right shoulder movement, a positive Hawkins test, a positive Neer test, and tenderness in the biceps groove and subdeltoid bursa. On 7-16-15 pain was rated as 2.5 of 10 with medication and 9.5 of 10 without medication. On 8-13-15 pain was rated as 3 of 10 with medication and 10 of 10 without medication. The injured worker had been taking Norco since at least January 2015. On 4-23-15 a toxicology report was noted to consistent. The treating physician noted a toxicology report dated 12-18-14 was positive for Morphine and Methadone which was inconsistent with prescribed medications. On 8-13-15, the injured worker complained of right shoulder pain. On 8-25-15 the treating physician requested authorization for Norco 10-325mg #80. On 9-1-15 the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 3 times daily, #80: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Opioids for chronic pain.

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

**Decision rationale:** This 61 year old male has complained of shoulder pain and upper extremity pain since date of injury 2/26/2006. He has been treated with surgery, physical therapy, TENS and medications to include opioids since at least 01/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.