

<b>Case Number:</b>	CM15-0193076		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 52 year old male who sustained an industrial injury on 11-17-11. A review of the medical records indicates he is undergoing treatment for pain in shoulder joint - status post right shoulder arthroscopy x 3. Medical records 3-30-15 to 9-16-15) indicate ongoing complaints of chronic right shoulder pain, which increases with any repetitive use of the right arm. He reports when he "does nothing", the pain decreases to "2 out of 10". However, as soon as he increases his activity level, the pain increases to "6-7 out of 10" during the day and "up to 8-9 out of 10" at night. The physical exam (9-3-15) reveals limited range of motion of the right shoulder in abduction at 165 degrees, forward flexion at 165 degrees, extension at 30 degrees, and external rotation at 45 degrees. Diagnostic studies have included an MRI of the right shoulder, as well as x-rays of the right shoulder. Treatment has included physical therapy, a spinal Q vest, activity modifications, and medications. His current (9-3-15) medications include Naproxen 550mg every 12 hours with food, Norco 10-325, 1 tablet four times daily as needed for pain, Fluoxetine 20mg daily, Ambien CR 12.5mg at bedtime as needed for insomnia, Omeprazole DR 20mg twice daily, Ibuprofen 600mg and 800mg, Lorazepam 0.5mg, Oxycodone 15mg, Soma 350mg, and Voltaren 1% gel. The injured worker has been receiving Norco since, at least, 3-30-15. The treating provider indicates that the injured worker is using Norco for "breakthrough" pain. The injured worker finds the use of Norco to be "beneficial with pain reduction and overall functional improvement". The treating provider states "this improves his tolerance for using the right arm for activities of daily living". With the use of his medications, including Hydrocodone, "he is able to perform activities of daily living better with less pain". A

urine drug screen on 7-20-15 was positive for Norco, which is noted to be "consistent" with the current prescription. He was also noted to be positive for THC, but has a "medical marijuana card". The injured worker is currently (9-3-15) working. The utilization review (9-23-15) includes a request for authorization of Norco 10-325 mg #204. The request was denied.

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

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

**Norco 10/325mg #204:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use.

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

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #204 is not medically necessary or appropriate.