

<b>Case Number:</b>	CM15-0200673		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 63 year old male, who sustained an industrial injury on 7-13-2013. The injured worker was being treated for cervicothoracic strain, status post left clavicle hardware removal on 3-20-2015, status post left shoulder manipulation under anesthesia with subacromial decompression and capsular release, possible small undersurface rotator cuff tear, and status post left knee arthroscopic loose body removal with microfracture of the medial femoral condyle. Medical records (5-5-2015) indicate the injured worker is 6 weeks status post hardware removal of the left clavicle and ongoing left knee pain. The physical exam (5-5-2015) reveals the left shoulder of active assist forward flexion was 120 degrees and it actively closed to 110 degrees. The external rotation is well maintained and the injured worker was able to reach behind his back to L5 (lumbar 5). Medical records (8-3-2015) indicate ongoing left knee pain. The treating physician noted the injured worker would be starting physical therapy for his left shoulder later in the week. The physical exam (8-3-2015) reveals a small effusion of the left knee, full extension if he extends the knee slowly, flexion of 105 degrees, and almost all of the pain is medially. The injured worker was using a cane with walking and his un-loader brace. The medical records (5-5-2015 and 8-3-2015) did not include documentation of the subjective pain ratings. Per the treating physician (5-5-2015 report) x-rays of the left shoulder on this date did not show evidence of a residual fracture. Per the treating physician (9-9-2015 report), the injured worker had an MRI of the knee performed. The treating physician noted that the radiologist described a 1 x 1 cm full thickness defect of the medial femoral condyle and the surgeon indicated the defect is 2 x 2 cm in the operative report. Treatment has included physical therapy, a home exercise program, an un-loader knee brace, and medications including Hydrocodone

(since at least 5-2015) and Motrin. Per the treating physician (8-3-2015 report) the remains temporarily totally disabled as light duty is not available. The requested treatments included Norco (TM) 10-325mg. On 9- 15-2015, the original utilization review modified a request for Norco (TM) 10-325mg.

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

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

**Norco (TM) 10/325mg one tablet every 12 hours as needed: 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 for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in July 2013 with a crush injury occurring while working at the airport. Injuries included a left clavicle fracture treated with ORIF. He subsequently had manipulation under anesthesia and a subacromial decompression. On 03/20/15 hardware removal was done. He had postoperative physical therapy. He is also being treated for left knee pain and has a history of arthroscopic loose body removal with medial femoral condyle microfracture. When seen, he had completed physical therapy treatments for shoulder. He was still having pain. Knee arthroplasty was being recommended. Physical examination findings included decreased shoulder range of motion. There was pain with cross body abduction. A subacromial injection was performed with 10-15% decreased pain without improved range of motion. He was requesting a refill of Motrin and hydrocodone. He was not taking medications every day but had taken them more frequently when in physical therapy. A continued home exercise program was recommended. There was consideration of an intra- articular injection of the shoulder at follow-up and possible further surgery. Norco (hydrocodone/acetaminophen) is a short acting combination opioid 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.