

<b>Case Number:</b>	CM15-0205599		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/24/2011
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 11-24-2011. According to a progress report dated 08-11-2015, the injured worker was 6 months post right shoulder labral debridement with rotator cuff repair and decompression of the right ulnar nerve at the elbow. He remained temporarily totally disabled. He had been working modified duty. He completed a short course of physical therapy that "really did not help". He continued to have some numbness in the ulnar nerve distribution despite decompression. Range of motion of the right shoulder was 70% of normal. Tinel's was positive about the right elbow. There was numbness in the ulnar nerve distribution. The provider noted that the injured worker needed a refill on his Norco. Medications included Insulin, Ambien, Motrin, Vicodin 5-500 mg #40 and Percocet 5-325 #90. Diagnoses included bilateral shoulder impingement status post subacromial decompression on the right status post repeat subacromial decompression, bilateral AC arthritis status post Mumford procedure on the right, partial thickness rotator cuff tear right shoulder status post repair, numbness right hand probable cubital tunnel syndrome status post decompression of the ulnar nerve at the elbow, adhesive capsulitis right shoulder status post manipulation, bilateral ulnar neuritis at the elbow left greater than right status post decompression right ulnar nerve at the elbow and bilateral carpal tunnel syndrome left greater than right. The treatment plan included repeat nerve tests. Follow up was indicated in 4 weeks. Work status included modified duty. The injured worker was unable to lift over 10 pounds or use the right arm repetitively for lifting, carrying, pushing or pulling. He was unable to use the right arm at or above shoulder level. According to a progress report dated 09-11-2015,

electromyography results were discussed. The injured worker continued to have "rather severe" carpal tunnel on the right. He also had carpal tunnel on the left. He had ulnar neuritis on the left. He still had some numbness in the ulnar nerve distribution on the right but the nerve tests looked better. The provider recommended leaving the ulnar nerve on the right alone. The injured worker was having a lot of symptoms on the left and wanted to proceed with ulnar nerve surgery and left carpal tunnel surgery. Medications were unchanged from the previous report. Urine toxicology reports were not submitted for review. On 09-30-2015, Utilization Review modified the request for Norco 10-325 mg #120.

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

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of objective evidence of significant pain relief or functional benefit with the prior use of this medication. Additionally, there is no opioid contract, urine drug screen, or risk assessment profile included with the available documentation. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is not medically necessary.