

<b>Case Number:</b>	CM15-0205605		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 48 year old male, who sustained an industrial injury on 4-27-2013. The injured worker is undergoing treatment for chronic persistent bilateral shoulder pain. Medical records dated 9-21-2015 indicate the injured worker complains of neck and shoulder pain rated 8 out of 10 and difficulty sleeping. The treating physician indicates he is not taking any medication and has not taken Norco since 2013 and is working. Exam dated 10-9-2015 indicates "frequent mild to moderate discomfort in the right shoulder." Physical exam dated 9-21-2015 notes near full cervical range of motion (ROM) with pain and decreased shoulder range of motion (ROM) with positive impingement. Treatment to date has included shoulder surgery, physical therapy and medication. The original utilization review dated 10-7-2015 indicates the request for retrospective Relafen 750mg #60 with a DOS 9/21/2015 is non-certified and retrospective Norco 10-325 g #60 with a DOS 9/21/2015 is modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Relafen 750 mg #60 with a dos of 9/21/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, he had previously used medication initially right after his injury, although which medications were used is not listed in the notes made available. Upon review of the recent notes, there was insufficient evidence for a significant flare-up of inflammatory pain to warrant any duration of Relafen. As this prescription and intention to renew it suggests the provider wanted this to be a long-term medication and not just for acute pain, this request will be considered medically unnecessary as chronic use should be discouraged and comes with significant risks. The follow-up report on how effective the Relafen was for the worker did not include functional gains and no measurable pain lowering was included, which might have helped to justify this request if this had been included in the notes provided.

**Retrospective Norco 10/325 mg #60 with a dos of 9/21/2015: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco was reportedly used in 2013 but stopped for no specified reason. The worker had been working full time for many months without medications before this new request for reintroducing Norco was made. It is not clear why Norco was reintroduced without explaining in the notes why it was discontinued. Also, upon follow-up after the retrial, the worker reported pain reduction (not measurable) but constipation and drowsiness. Also, before initiating Norco, there was insufficient discussion of side effects and goals with use, and no baseline functional status or follow-up report of functional status was included in the notes, which is required before consideration of long-term use Norco can be made. Therefore, for now, the Norco will be considered medically unnecessary.