

<b>Case Number:</b>	CM15-0024532		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 63 year old female, who sustained an industrial injury, November 16, 2007. According to progress note of December 30, 2014, the injured workers chief complaint was right shoulder pain. The injured worker sated the right shoulder was feeling pretty good. The injured worker attributes this to not being able to use the wrist. The injured workers alleviating factors were exercise, stretching, physical therapy, occupational therapy, Norco and Celebrex. Aggravating factors were working. The physical exam noted the right shoulder was stable. The injured worker was taking a half a tablet of Norco 3 times a day. The right and left shoulders showed no miss alignment, atrophy, erytheria, induration, swelling or scapular winging. The AC prominence was normal. The injured worker was diagnosed with carpal tunnel syndrome, lesion of the ulnar nerve, disorder of the rotator cuff, subacromial bursitis, acquired trigger finger, neuralgia, a closed fracture of the lower end of the forearm and strain of the right rotator cuff capsule. The injured worker previously received the following treatments injections, right rotator cuff repair surgery on December 7, 2012, exercise, stretching, physical therapy, occupational therapy, home exercise program, Norco and Celebrex. December 30, 2014, the primary treating physician requested authorization for prescriptions for Norco 10/325mg #100 and Celebrex 200mg. On January 15, 2015, the Utilization Review denied authorization for prescriptions for Norco and Celebrex. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #100 is not medically necessary.

**Celebrex:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Anti inflammatory medications, page(s) 27-30..

**Decision rationale:** According to MTUS guidelines, Celebrex is indicated in case of back , neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation thar Celebrex was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celebrex for long term without significant improvement. The patient continued to report shoulder pain. Therefore, the prescription of Celebrex is not medically necessary.