

<b>Case Number:</b>	CM15-0211694		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 50 year old male, who sustained an industrial injury on 06-18-2009. A review of the medical records indicates that the worker is undergoing treatment for left shoulder rotator cuff tear, left shoulder labral tear, left shoulder healing biceps and cervicgia with left index radiculopathy. Treatment has included Norco (since at least 2013), Feldene, physical therapy, home exercise program and surgery. The worker underwent left shoulder arthroscopy with rotator cuff repair on 05-18-2015. Subjective complaints (07-30-2015, 08-31-2015 and 10-02-2015) included left shoulder pain with weakness. The degree of pain was not quantified, pain ratings before and after the use of Norco were not provided and the duration of pain relief was not documented. Objective findings were notable for ability to get left shoulder to 110 degrees until he had to quite due to increased muscle pain and discomfort. Objective findings on 08-31-2015 showed full flexion and abduction of the left shoulder with 20+ degrees of shoulder extension of movement. Strength and mobility were noted to be improved with 12 visits of physical therapy although additional visits were requested for improvement of range of motion with less pain. Objective findings (10-02-2015) included pain with range of motion of the cervical spine, tenderness of the acromioclavicular joint of the right shoulder with popping in the joint and positive lift off, drop arm, O'Brien, Yergason and Speed's test and some swelling of the left shoulder region. A refill of Norco was requested. A utilization review dated 10-20-2015 non-certified a request for Norco 10-325 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Weaning of Medications.

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

**Decision rationale:** The patient presents on 10/02/15 with left shoulder pain and weakness. The patient's date of injury is 06/18/09. Patient is status post left shoulder arthroscopic rotator cuff repair on 05/18/15. The request is for One (1) prescription of Norco 10/325mg #60. The RFA is dated 10/12/15. Physical examination dated 10/02/15 reveals pain elicitation upon range of motion of the cervical spine in all planes, tenderness to palpation of the right AC joint, "popping" in the right shoulder with positive lift off test, positive drop-arm test, positive O'Brien's test, positive Yergason, and positive Speed's test in the right shoulder. The provider also notes some swelling in the left shoulder region. The patient is currently prescribed Feldene, Percocet, and Ambien. Patient is currently not working. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of opioid efficacy. Progress note dated 10/02/15 does not address the efficacy of this patient's medication regimen whatsoever. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is provided. While there is no evidence that this patient is inconsistent with his prescribed medications, without appropriate documentation of analgesia, functional improvements, or a statement regarding aberrant behavior, the continuation of narcotic medications cannot be substantiated and the patient should be weaned. Given the lack appropriate documentation of the 4A's, Norco cannot be substantiated and this patient should be weaned from narcotic medications. The request IS NOT medically necessary.