

<b>Case Number:</b>	CM15-0038793		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Hawaii  
 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 51 year old female, who sustained an industrial injury on 7/12/11. The injured worker was diagnosed as having myofascial pain and right shoulder rotator cuff. Currently, the injured worker complains of increased right shoulder pain. The documentation noted that the injured worker reported that her neck and right shoulder pain helped with increased medication regimens and increased stretching, yoga. The diagnoses have included right shoulder rotator cuff; cervical sprain/strain and shoulder sprain/strain. Treatment to date has included physical therapy; acupuncture; subacromial injection right shoulder; right shoulder arthroscopy; repair full thickness rotator cuff tendon; MIR right shoulder and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
 Page(s): 74-94.

**Decision rationale:** The patient presents with increased right shoulder pain. The current request is for Norco 10/325mg #90. The treating physician states, in a report dated 02/10/15, Script. Norco 10/325 1 tab TID for severe pain #90. The MTUS guidelines state: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the MTUS requirements for documentation of the 4 A's have not been documented. There are no before and after pain scales with opioid usage. There is no documentation of the positive effects of opioid usage on activities of daily living and the treating physician fails to discuss aberrant behaviors, CURES, or UDS The current request is not medically necessary and the recommendation is for denial.