

<b>Case Number:</b>	CM15-0057214		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 is a 65 year old male who sustained a work related injury December 13, 2012. While working as a diesel mechanic, he felt a twinge in his right shoulder and developed pain. Of note, a second injury occurred on September 22, 2013, to his right shoulder; while attempting to break a fall he raised his right hand to grab a side rail and strained his right shoulder. Past history included adjustment disorder with mixed anxiety and depressed mood, hypertension, s/p arthroscopic subacromial decompression, debridement, and manipulation of the right shoulder, May, 2013, s/p right shoulder arthroscopy and arthroscopic capsular release with manipulation, October 27, 2014. According to a primary treating physician's progress report, dated February 10, 2015, the injured worker presented with complaints referable to his bilateral shoulders. His pain level is unchanged since his last visit, 5/10, depending on activity. He has attended 5 physical therapy sessions with no improvement. He is taking Norco 10/325mg for pain, one at bedtime for sleep and is requesting a refill. Treatment to date has included physical therapy, medication, activity modification, corticosteroid injection and manipulation under anesthesia. Diagnosis included subcapularis tear of the right shoulder. Treatment plan included request for authorization for right shoulder arthroscopy, biceps tenodesis and subcapularis repair, possible arthrotomy, 12 sessions of post-operative physical therapy, pre-operative EKG, and Norco 10/325mg 1-2 by mouth every 4-6 hours as needed for pain #60. Norco 5/3 1-2 tabs by mouth every 12 hours as needed for pain #60 was refilled at this dated visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**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, Norco 10/325mg #60 was needed post surgically for the right shoulder. Since the procedure was not certified per peer reviewer, the prescription of Norco 10/325mg #60 is not medically necessary.