

<b>Case Number:</b>	CM15-0233616		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	08/09/1992
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury on 8-9-92. Documentation indicated that the injured worker was receiving treatment for right shoulder pain and cervical radiculopathy. The injured worker underwent right shoulder surgeries with labral repair, rotator cuff repair and debridement in 1992, 1996 and 2002. The injured worker received postoperative physical therapy. Recent treatment consisted of medication management, physical therapy and home exercise. In a PR-2 dated 6-4-15, the injured worker complained of right shoulder pain with radiation to the right upper extremity associated with numbness and tingling and increased pain and numbness in the right hand managed with Norco and Lyrica. The injured worker's pain was not quantified. The injured worker continued to work full time. Physical exam was remarkable for cervical spine with limited range of motion in all planes, 5 out of 5 strength to bilateral upper extremities and right shoulder with tenderness to palpation over the acromial joint and anterior shoulder with full range of motion with pain at limits of abduction and flexion. The treatment plan included refilling Omeprazole and Norco and continuing Lyrica. In a PR-2 dated 11-16-15, the injured worker complained of ongoing pain with movement of the right arm with radiation to the right upper extremity associated with tingling, numbness and weakness. The injured worker's pain was not quantified. The injured worker continued to work full time. The injured worker stated that myofascial release was helpful for upper extremity and neck pain and that every two to three months the injured worker had return of knots in the scapular region. The injured worker reported the return of knots and was requesting physical therapy. Physical exam was unchanged. The treatment plan included refilling medications (Omeprazole, Lyrica and Celebrex) and

increasing Norco dosage (prescribed since at least 6-4-15). On 11-24-15, Utilization Review modified a request for Norco 10-325mg #60 to Norco 10-325mg #13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 tablets of Norco 10/325 mg: Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.