

<b>Case Number:</b>	CM15-0240434		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	01/27/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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: 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 47 year old male who sustained an industrial injury on 5-24-14. A review of the medical records indicates that the worker is undergoing treatment for full thickness rotator cuff tendon tear right shoulder with advanced impingement syndrome, status post repair of left supraspinatus tendon, rule out tear versus extension of tear into the infraspinatus, and residual bony impingement secondary to proximal and distal coracoacromial arch narrowing. Subjective complaints (10-9-15) include pain in the right shoulder, right elbow, stiff elbow, intermittent pop in the right shoulder. Objective findings of the right shoulder (10-9-15) include biceps look in relatively good position, pain with elbow range of motion, shoulder passive forward flexion is 90, and abduction is 80. Work status was noted as remain off work for 6 weeks. Previous treatment includes status post right shoulder surgery (8-5-15), physical therapy, and medication. The requested treatment of Norco 10-325mg #30 was non-certified on 11-19-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with pain in the right shoulder, right elbow, stiff elbow, intermittent pop in the right shoulder. The current request is for Norco 10/325mg, #30. The treating physician states, in a report dated 09/17/15, "Awaiting auth Norco 10/325." (19B) As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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 for documentation of the clinical use of these controlled drugs. In this case, there is no documentation of the 4 A's. There is no documentation of improved functional ability. There is no documentation of adverse side effects or aberrant drug behaviors. There is also no follow-up documentation of a recent urinary drug screen. The MTUS requires much more thorough documentation for continued opioid usage. As such, the request for continued Norco 10/325 mg #30 is not medically necessary.