

<b>Case Number:</b>	CM14-0120142		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 female (age unspecified) who was injured on 12/20/04 resulting in right shoulder pain. The mechanism of injury is not documented in the clinical notes provided for review. Current diagnoses include right total labral tear, rotator cuff tendinitis, impingement syndrome and status post Mumford procedure. Clinical note dated 04/21/14 indicated the injured worker presents with an ongoing right shoulder pain with limited range of motion. Examination of the right shoulder revealed well healed arthroscopic scars. Range of motion is forward flexion to 140 degrees, external rotation to 45 degrees, internal rotation to 80 degrees, and abduction to 70 degrees. There is slight weakness with external rotation and abduction which is 5-/5. There is also mild impingement noted. Medications include hydrocodone 10-325mg and Zofran. Clinical note dated 06/10/14 the injured worker indicated the ongoing right shoulder pain continues to remain problematic and is increasing in pain. Physical examination revealed tenderness to the right shoulder girdle muscles and right trapezius. Forward flexion is 160 degrees, abduction is 130 degrees, external rotation is 50 degrees and internal rotation is 80 degrees. Strength is 4/5 to external rotation and abduction. There is negative Hawkin's and negative impingement to empty can testing. Medications include, Norco # 60 for the pain. The previous request for Norco quantity: 60 was noncertified on 06/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco, qty 60 cannot be established at this time.