

<b>Case Number:</b>	CM14-0181025		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 28-year-old man who sustained a work-related injury on May 14, 2012. Subsequently, the patient developed chronic neck, back, and shoulder pain. The patient underwent a left shoulder decompression, distal clavicle resection, and debridement of partial-thickness rotator cuff tear on May 22, 2013. On June 21, 2014, the patient underwent a right shoulder subacromial decompression, arthroscopic distal clavicle resection, and extensive debridement of partial-thickness bursal surface rotator cuff tear. The patient was initiated on post-operative physical therapy on July 10, 2014. According to a progress report dated September 26, 2014, patient reported ongoing shoulder pain, worse on the right, increased with lifting over 30 pounds or overhead work (the patient had returned to work at that time). Pain was reportedly relieved by home exercise and electrical stimulation, and was rated 7-8/10 without medications and 3-4/10 with medications. Symptoms were described as moderate in severity and frequent, with quality of pain described as sharp, dull, aching, weakness, and soreness. The patient also complained of on and off flare-ups of neck and mid back pain. His symptoms decreased with home exercise program, electrical muscle stimulation unit, and medications. Physical examination revealed tenderness of the periscapular musculature, subacromial region and acromioclavicular joints, worse on the right side, decreased range of motion and pain in the bilateral shoulders, slight breakaway with Codman's drop arm test on the right, and 4/5 muscle weakness upon flexion, abduction and external rotation. The provider requested authorization for Norco and one exercise resistance chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, ninety count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #90 is not medically necessary.

**One exercise resistance chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** There is no documentation that the patient condition required an exercise resistance chair to perform home exercise. Therefore, the request for exercise resistance chair is not medically necessary.