

<b>Case Number:</b>	CM14-0215263		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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 patient is a 50-year-old male with 3/5/13 date of injury while working as a truck driver/mechanic. Records indicate he injured his right shoulder while installing a drive line. The treating physician report dated 9/22/14 (84) indicates that the patient presents with persistent bilateral shoulder pain now worse on the left than the right. The physical examination findings reveal forward drawn shoulders, limited shoulder range of motion left greater than right, positive Hawkin's sign, significant weakness left supraspinatus. DTRs and sensory exam remain intact. MRI scan of the right shoulder dated 11/5/14 was negative for labral tear or rotator cuff tear. Treatments included trigger point therapy, dry needling, chiropractic care, and TENS. The patient tried Gabapentin and Lidoderm with no benefit. NSAIDs helped somewhat. Narcotic medications helped somewhat temporarily in the past. The patient is not currently working in any capacity. The current diagnoses are: 1. Chronic pain syndrome. 2. Thoracic outlet syndrome. 3. Rotator cuff disorder. 4. Impingement shoulder. 5. Depression. The utilization review report dated 10/16/14 denied the request for Norco 10/325mg #90 based on lack of medical necessity.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with persistent shoulder pain left greater than right. The current request is for Norco 10/325mg #90. The treating physician states that Norco relieved some of his pain in the past and the patient feels more functional while taking the medication than without. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function, or improved quality of life. The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. 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 for continued opioid usage and there is no discussion indicating any adverse side effects or aberrant drug behaviors, there are no before and after pain scales and there is no discussion indicating any specific improvements in ADLs or functional changes to support continued opioid usage. The MTUS requires much more thorough documentation for continued opioid usage. My recommendation is for denial.