

<b>Case Number:</b>	CM15-0000904		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 55 year old male, who sustained an industrial injury on January 30, 2014. He has reported left shoulder pain. The diagnoses have included extensive tear of the rotator cuff with retraction of supraspinatus tendon and infraspinatus tendons of the left shoulder, suprascapular neuropathy, chronic shoulder pain, and left shoulder derangement and impingement. Treatment to date has included an MRI, non-steroidal anti-inflammatory and pain medication, urine drug testing, and work modifications. Currently, the injured worker did not complain of left shoulder symptoms. The injured worker was being readied for left shoulder surgery. On December 17, 2014 Utilization Review non-certified a prescription for Norco 10/325mg #60 and a prescription for Ibuprofen 800mg #90, noting the prior non-detection of hydrocodone despite frequent and monthly refills, and the lack of evidence of any significant quantifiable functional improvement resultant from prior use of this opioid, the continued Norco use is not clinically warranted, and weaning is not medically necessary. The California Chronic Pain Medical Treatment Guidelines for Hydrocodone/Acetaminophen (Norco), Weaning of Medications, and Opioids, indicators for addiction cited. On December 17, 2014 Utilization Review non-certified a prescription for Ibuprofen 800mg #90, noting the left shoulder exam seemed to be normal, and did not seem the injured worker continues to be symptomatic of left shoulder derangement. The California Chronic Pain Medical Treatment Guidelines for Ibuprofen (Motrin) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Continued use of hydrocodone has not been justified by the requesting provider with inconsistent urine drug screening. The medical records do not indicate that the injured worker has significant pain with improvement and functional improvement as a result of chronic opioid use. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 prescription of Norco 10/325mg #60 is determined to not be medically necessary.

**1 prescription of Ibuprofen 800mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The current history and exam do not indicate that the injured worker has pain that benefits from the use of NSAIDs. The request for 1 prescription of Ibuprofen 800 mg #90 is determined to not be medically necessary.