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| <b>Case Number:</b>   | CM15-0013337 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 06/07/2013 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 01/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2015 |

### 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: 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 37 year old male, who sustained an industrial injury on June 7, 2013. The diagnoses have included impingement syndrome of the right shoulder. On October 24, 2014, the injured worker underwent a right shoulder arthroscopy with subacromial decompression. Treatment to date has included CT, MRI, postsurgical physical therapy, work modifications, and pain and non-steroidal anti-inflammatory medications. On December 29, 2014, the treating physician noted continued right shoulder pain. The physical exam revealed moderately decreased range of motion and tenderness over the supraspinatus. On January 8, 2015 Utilization Review non-certified a prescription Norco 5/325mg QTY: 120, noting the lack of documentation of functional benefit along with evidence of a patient activity report (PAR) or a Controlled Substance Utilization Review and Evaluation System (CURES) report. The guidelines do not recommend opiates for the treatment of osteoarthritis, or pain arising from mechanical or compression etiologies. There was a lack of evidence of functional improvement attributable to the prescribed opiates. There was no opioid pain contract, patient activity report (PAR) or a Controlled Substance Utilization Review and Evaluation System (CURES) report, or random urine drug screening. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 12/29/14 report the patient presents with right shoulder pain rated 4/10 s/p right shoulder arthroscopy with decompression 10/24/14. The current request is for NORCO 5/325mg #120 Hydrocodone, an opioid. The RFA is not included. The 01/08/15 utilization review states the RFA is dated 12/29/14 prospective for DOS 12/29/14. The patient was placed on modified work from 12/15/14 through 02/01/14; however, it is not clear if the patient is currently working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review do not state exactly how long the patient has been prescribed Norco. Reports prior to 12/09/14 do not show use of this medication or other opioids. The 12/29/14 report states pain is rated 4/10; however, it is unclear if this request is with or without medications. Norco use is listed as occasional along with the use of Ibuprofen. However, The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. In this case, the MTUS requirements were not documented. The request IS NOT medically necessary.