

<b>Case Number:</b>	CM15-0017650		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/12/2006
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, 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 injured worker is a 43 year old female, who sustained an industrial injury on November 12, 2006. She reported a continuous trauma injury to her bilateral shoulders and neck. The diagnoses have included bilateral shoulder strain/impingement, right elbow medial and lateral epicondylitis, right elbow cubital tunnel syndrome and lumbar spine sprain/strain. Treatment to date has included arthroscopic right shoulder subacromial decompression, arthroscopic distal clavicle resection, and extensive debridement of partial-thickness subscapularis rotator cuff tendon tear, cortisone injections, physical therapy and pain medication. MRI of the right shoulder confirmed shoulder impingement syndrome. A physician report dated May 2, 2014 noted that the injured worker complained of right shoulder pain which she rated a 9-10 on a 10-point scale. The range of motion of her right shoulder was limited and she had severe tenderness to palpation of the supraspinatus and AC joint. The strength of her right upper extremity was limited and she had pain with movement. The evaluating physician recommended surgical intervention. On June 4, 2014, the injured worker had arthroscopic shoulder surgery. On January 5, 2015 Utilization Review non-certified a request for Norco 10/325 mg #120, noting that there is no evidence of objective functional improvement and that the injured worker should have been weaned from the medication at this point in her treatment. The California Medical Treatment Utilization Schedule was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain in the right shoulder. The current request is for Norco 10/325 mg #120. The treating physician states, "The patient has failed all attempts of aggressive conservative management, including physiotherapy, anti-inflammatory and analgesic medications. The patient reports a pain level of 9-10/10." (81B) The treating physician also documented that the patient has been on Norco since 2013 (49B). For chronic opiate use, the 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 aberrant 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. In this case, the treating physician has not documented before or after pain scales, there is no mention of any functional improvement with medication usage and there is no discussion regarding side effects or aberrant behavior. The current request is not medically necessary and the recommendation is for denial and slow weaning per the MTUS guidelines.