

<b>Case Number:</b>	CM15-0112158		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports 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 49-year-old female, who sustained an industrial injury on 2/15/2011. She reported developing injury to the right upper extremity, neck, and right shoulder from repetitive type activity and a work environment that was not ergonomic. Diagnoses include chronic neck pain, chronic right sided low back pain with right lower extremity pain, right shoulder pain and chronic myofascial pain of the cervical spine. She underwent right rotator cuff repair on 2/6/15. Treatments to date include physical therapy, heat/ice treatments, psychotherapy, chiropractic therapy, acupuncture treatments. Currently, she complained of ongoing right shoulder and right upper extremity pain. The medical records indicated an increase in the frequency of Norco was prescribed due to increased right shoulder pain and observed frozen shoulder. She currently is prescribed Norco 10/325mg six to seven (6-7) tablets daily. On 4/28/15, the physical examination documented "no significant change". The plan of care included Norco 7.5/325mg tablets #210. This appeal request was for post-operative Norco 7.5/325mg tablets #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of Medications Page(s): 78-81, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-91.

**Decision rationale:** In this case, the request is for high dosage narcotic usage for management of very long-standing symptoms. Over 400 pages of medical records reviewed do not document effectiveness of the treatment. Rather, the records indicate deterioration of the injured worker's status over the past year with worsening pain despite high-dose narcotics (reports of February 5, 2015 and March 3, 2015 document the worst imaginable pain 10 over 10), decreasing function (the injured worker went from light part-time work to being completely off work), and development of psychiatric problems (March 24, 2015 psychiatric consultation notes major depressive disorder with possibly psychotic features). There is dispute between the treating physicians regarding the appropriateness of continued narcotic usage with her orthopedic surgeon recommending on May 4, 2015, "She should wean off the Norco. " The California MTUS defines functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). Records reviewed document failure of treatment with the injured worker having stopped working and with increasing reliance on medical treatment including multiple specialty surgical and psychiatric consultants. At this time, the request for continued high-dose narcotic usage is not supported as medically necessary.