

<b>Case Number:</b>	CM15-0115990		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/30/2015
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 47 year old male who sustained an industrial injury on January 30, 2015. The mechanism of injury was a slip and fall. The injured worker sustained an injury to the right shoulder. The injured worker was also noted to have had a motorcycle accident on January 30, 2015 in which he sustained fractured ribs and a fracture of the left hand. The diagnoses have included a right rotator cuff tear involving the supraspinatus and subscapularis tendons, right shoulder impingement, and superior labrum anterior to posterior (SLAP) tear of the right shoulder. Current documentation dated May 28, 2015 notes that the injured worker reported right shoulder pain. Examination of the right shoulder revealed tenderness and a decreased and painful range of motion. Special orthopedic testing revealed a positive O'Brien's test, positive Hawkins test and a positive Speed's test. Crepitus was noted in the glenohumeral joint with performance of the O'Brien's and Hawkin's tests. Motor strength was a 4/5. The treating physician recommended right shoulder arthroscopic surgery. The treating physician's plan of care included a request for Norco 10/325 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend Norco for moderate to moderately severe pain. The MTUS guidelines discourage long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level or increased level of function or improved quality of life. In this case the documentation did not note specific improvement in pain, improvement in function, the least reported pain over the period since the last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. These are necessary to meet MTUS guidelines. Norco has been prescribed for this injured worker for three months, since February 2015. No functional improvement as a result of use of norco was noted. The documentation shows no change in work restrictions for this injured worker with use of norco. There was no documentation of improvement in specific activities of daily living as a result of use of norco. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of norco. Due to lack of detailed pain assessment, lack of documentation of improvement in pain, and lack of documentation of functional improvement, the request for norco is not medically necessary.