

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0126414 |                              |            |
| <b>Date Assigned:</b> | 07/10/2015   | <b>Date of Injury:</b>       | 02/26/2014 |
| <b>Decision Date:</b> | 08/07/2015   | <b>UR Denial Date:</b>       | 06/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2015 |

### 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 51 year old female who sustained an industrial /work injury on 2/26/14. She reported an initial complaint of right shoulder pain. The injured worker was diagnosed as having right rotator cuff tear syndrome. Treatment to date includes medication, diagnostics, surgery ( right shoulder arthroscopy and cuff repair on 1/22/15), and physical therapy. Currently, the injured worker complained of right shoulder pain, s/p repair on 1/22/15. Physical therapy was limited due to inability to tolerate manual therapy and had no change in range of motion or strength. Per the primary physician's report (PR-2) on 6/15/15, exam noted active forward flexion to 110 degrees and active abduction to 90 degrees of the right upper extremity with good internal and external rotation strength. Current plan of care included medication adjustment from Percocet to Norco. The requested treatments include Norco 10/325mg 2x a day for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 2x a day for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

**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. The injured worker has been taking percocet for an extended time without objective documentation of functional improvement or significant decrease in pain. According to the available documentation, the physician is prescribing norco and discontinuing percocet. Extended use of percocet has not improved subjective pain or increased function. Additionally, there is no amount of norco requested included with this request. The request for Norco 10/325mg 2x a day for pain is not medically necessary.