

<b>Case Number:</b>	CM15-0174291		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Emergency 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 60 year old male, who sustained an industrial injury on December 6, 2002 and reported left heel, left hip and left elbow pain. The injured worker is diagnosed as having right cervical strain with right cervical-thoracic scoliosis, lateral epicondylitis left elbow, right shoulder impingement syndrome with degenerative joint disease, right acromioclavicular joint and partial mid to anterior supraspinatus rotator cuff tear. His work status is temporary total disability, permanent and stationary. Currently, the injured worker complains of left shoulder, left elbow and left foot pain with the bulk of the pain in his left foot. The pain is described as feeling like it is "stuck in a trap", sharp, stabbing and constant and is rated 9 on 10 and reduced to 6-7 on 10 with medication. Physical examinations dated April 30, 2015-July 29, 2015 reveal the injured worker is in no acute distress and no exaggerated pain behaviors are noted. His gait is slow and altered and he uses a cane. Opioid use has decreased from 80 mg to 35 mg per day of Opana and Norco from 10-12 tablets to 5 tablets per day. There is shoulder tenderness at the acromioclavicular joint and subacromial area on the right, as well as mild tenderness in the same area on the left. A well healed arthroscopic scar is noted on the left, no weakness is noted when testing the rotator cuff or biceps bilaterally, bilateral range of motion is as follows; flexion 150 degrees right 140 degrees left, extension 50 degrees right 50 degrees left, abduction 160 degrees right 140 degrees left, adduction 50 degrees right 50 degrees left, external rotation 80 degrees right 80 degrees left and internal rotation 60 degrees right 45 degrees left. Bilateral wrists and hands range of motion were within normal limits. Treatment to date has included medications (Gabapentin 600 mg one four times a day, Ibuprofen 800 mg one

twice a day, Opana 10 mg one daily, Norco 10-325 mg every 4 hours for breakthrough pain from at least 2013, Lidoderm Patch 5% one to three patches to affected area on 12 hours off 12 hours and Opana ER 30 mg on table twice a day, OxyContin (was discontinued when Opana was prescribed), surgical intervention (left heel reconstruction 2003, left ankle fusion 2004, left ankle arthroscopy 2011 (provided some pain relief), spinal cord stimulator permanent implant 2014 (alleviated 50% of his leg pain), and left lateral epicondyle release 2014), X-rays, left leg AFO, TENS unit (worked well), right shoulder injection (partial temporary relief) and a toxicology screen. A request for Norco 10-325 mg #120 is denied, due to clear documentation regarding functional benefit or substantial functional improvement was not provided, per Utilization Review letter dated August 25, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The requested Norco 10/325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has shoulder tenderness at the acromioclavicular joint and subacromial area on the right, as well as mild tenderness in the same area on the left. A well healed arthroscopic scar is noted on the left, no weakness is noted when testing the rotator cuff or biceps bilaterally, bilateral range of motion is as follows; flexion 150 degrees right 140 degrees left, extension 50 degrees right 50 degrees left, abduction 160 degrees right 140 degrees left, adduction 50 degrees right 50 degrees left, external rotation 80 degrees right 80 degrees left and internal rotation 60 degrees right 45 degrees left. Bilateral wrists and hands range of motion were within normal limits. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.