

<b>Case Number:</b>	CM15-0064123		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/23/1998
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Florida  
 Certification(s)/Specialty: Family Practice

### 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 57-year-old female patient who sustained an industrial injury on 01/23/1998. A primary treating office visit dated 01/14/2015 reported subjective complaint of bilateral shoulder pain. She is status post receiving Kenalog injections. She is not needing any medication refills. Current medications are: Norco 10/325mg 3-4 daily, Ambien CR, Cymbalta, Prilosec, and Tizanidine. The patient did receive bilateral shoulder AC joint injections. The following diagnoses are applied: chronic right shoulder pain, impingement syndrome; chronic neckpain; chronic left shoulder pain; history of bilateral carpal tunnel releases in the late 1960's; electroneurve conduction studies and chronic myofascial back pain. A primary treating office visit dated 08/28/2014 reported she received some good temporary relief from the past injections. Her shoulder feels more "smooth". No medication changes or diagnoses changes. Plan of care involved refilling three months supply, urine drug screening and follow up in three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325 #120 (2/12/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 110-115. Decision based on Non-MTUS Citation ODG: Chronic Pain.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if, "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, she has not satisfied MTUS criteria, as it does not appear that she is employed. It is stated under "work status" that she is on "future medical benefits." Her case has also not satisfied ODG criteria. The ODG states that it does not recommend short acting narcotics as first line treatment for chronic nonmalignant pain. ODG also states that the long-term efficacy for the treatment of chronic nonmalignant pain remains uncertain. For these reasons, this request for continuation of a chronic, short acting narcotic is not medically necessary.