

<b>Case Number:</b>	CM15-0068841		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: 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 54 year old male, who sustained an industrial injury on 10/24/2014. He has reported injury to the left shoulder. The diagnoses have included left shoulder sprain and strain; left shoulder bicipital tendinitis; and left shoulder impingement syndrome. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Norco. A progress note from the treating physician, dated 03/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased left shoulder pain, which is constant; pain is rated 7-8/10 on the visual analog scale; and increased pain in the shoulder when lifting the left arm above shoulder level. Objective findings included positive impingement maneuvers on the left; and decreased left shoulder range of motion. The treatment plan has included the request for Norco 5/325 mg #50.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 #50:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The orthopedic surgeon's report dated December 4, 2014 documented a request for left shoulder arthroscopy. The orthopedic report dated January 26, 2015 documented the diagnosis of left shoulder impingement syndrome and bicipital tendinitis. The orthopedic surgeon's report dated January 22, 2015 documented a request for left shoulder arthroscopy. MRI magnetic resonance imaging of the left shoulder showed bicipital tenosynovitis. The orthopedic consultation report dated February 17, 2015 documented that the MRI magnetic resonance imaging of the left shoulder performed on November 21, 2014 demonstrated osteoarthropathy of the acromioclavicular joint and biceps tenosynovitis. The primary treating physician's progress report dated March 10, 2015 documented that left shoulder pain has increased. Medical records document objective physical examination findings. The request for authorization dated March 24, 2015 documented a request for Norco 5/325 mg twice a day as needed #50. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 5/325 mg is medically necessary.