

<b>Case Number:</b>	CM15-0071038		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	11/11/2005
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Physical Medicine & Rehabilitation

### 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 59 year old, male who sustained a work related injury on 11/11/05. The diagnoses have included left shoulder strain/sprain, status post left shoulder surgery, derangement of shoulder, lateral epicondylitis, status post lateral epicondyle release, complex regional pain syndrome left arm and trigger finger. The treatments have included x-rays, MRIs, electrodiagnostic studies, medications, left shoulder surgery, left elbow surgery, physical therapy, use of a wrist splint, steroid injections, and ice/heat therapy. In the Orthopedic Re-evaluation note dated 3/19/15, the injured worker complains of persistent right shoulder, left elbow, and right wrist pain. The treatment plan is a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 03/19/15 with neck pain rated 9/10, which radiates into the left upper extremity, and associated numbness and tingling to the affected limb. Patient also complains of left shoulder pain rated 9/10 and associated range of motion loss. The patient's date of injury is 11/11/05. Patient is status post arthrotomy of the left elbow with lateral release, partial synovectomy, and removal of loose bodies on 09/23/14, status post unspecified arthroscopic repair surgery of the left shoulder at a date not provided. The request is for NORCO 10/325MG. The RFA is not provided. Physical examination dated 03/19/15 reveals cervical paraspinal, scalene, sternocleidomastoid, and trapezius spasms on the left side. Provider notes positive cervical compression test on the left, maximal foraminal compression test on the left, and a loss of sensation in the C5/C6 dermatomal distributions on the left side with associated loss of grip strength. Left shoulder examination reveals positive Neer's test left, positive Hawkins test left, positive impingement sign left, and a decreased and painful range of motion in all planes. Left arm examination reveals healing surgical incisions, painful range of motion, and mottled skin in the left hand. The patient is currently prescribed Norco. Diagnostic imaging included X-ray of the left shoulder dated 12/15/14, findings include: "degenerative arthritic changes involving the acromioclavicular joint... the humeral joint space is mildly narrowed..." X-ray of the cervical spine dated 12/15/14 reveals: "small posterior spurs at C4-5, C5-6, and C6-7 levels... mild disc space narrowing at C5-6 level." Remaining diagnostic X-rays of the right shoulder, thoracic spine, lumbar spine, left forearm, and right wrist are otherwise unremarkable. Per 03/19/15 progress note, patient is advised to remain off work until 04/23/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request of Norco for the management of this patient's chronic pain, the provider has not provided adequate documentation of efficacy. This patient has been taking Hydrocodone since at least 08/28/14. The most recent progress notes dated 03/19/15 and 02/06/15 do not mention pain reduction attributed to this patient's medications. These same notes do not provide specific functional improvements, a discussion of aberrant behavior, or consistent urine drug screens to date. Without documentation of analgesia using a validated scale, a discussion addressing a lack of aberrant behavior, and consistent urine drug screens, continuation of this medication cannot be substantiated. Given the lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.