

<b>Case Number:</b>	CM15-0091391		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Indiana, New York  
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 59 year old male, who sustained an industrial injury on 9/18/12. He reported initial complaints of his right shoulder and right wrist. The injured worker was diagnosed as having right AC joint sprain/strain; right rotator cuff tear; right shoulder bursitis; right shoulder impingement syndrome; bilateral shoulder sprain/strain; bilateral wrist sprain/strain. Treatment to date has included acupuncture; physical therapy; right shoulder injections; extracorporeal shockwave therapy; urine drug screening; medications. Diagnostics included MRI right shoulder 12/21/12 and 9/22/14); EMG/NCV right upper extremities (10/2/14); MRI left shoulder (1/26/15); MRI left wrist (1/26/15). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker complains of his right shoulder that is described as a constant, mild, achy pain. He complains of left shoulder pain that is constant, moderate achy pain. He has bilateral wrist pain that is constant, moderate and achy. The bilateral shoulder and wrist injuries arose out of and within the course of training on the job with a punching bag exercise with other individuals. Objective findings in the bilateral shoulders reveal tenderness to palpation of the anterior portion of the shoulders with muscle spasms. Speed's is negative and Hawkin's and Neer's is positive with shoulder apprehension negative bilaterally. The bilateral wrists find no swelling, atrophy or lesions present. There is a negative Tinel's and Phalen's testing bilaterally, with tenderness to palpation of the dorsal wrist and the right wrist notes tenderness at the lateral, medial and volar areas. MRI of the right shoulder dated 9/22/14, recent MRI of the left shoulder 1/26/15 and MRI's of the bilateral wrist have been completed with

abnormal findings. The provider is requesting Norco 10/325mg, #90 and per Utilization Review the quantity was modified to 81 to allow for weaning.

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

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

**Norco 10/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Workers Comp, 5th Edition, 2007, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right a theme joint sprain/strain; right rotator cuff tear; right shoulder bursitis; right shoulder impingement syndrome; right and left shoulder sprain/strain; left shoulder labral tear; right wrist sprain/strain; right wrist tenosynovitis; left wrist sprain/strain any: and left wrist tenosynovitis. The documentation in the medical record indicates the injured worker has been taking hydrocodone as far back as 2011. In 2011 the worker was taking Vicodin. In a progress note dated April 22, 2014, the injured worker was taking Norco 5/325 mg. In a progress note dated March 16, 2015, the injured worker was taking Norco 10/325 mg. In a progress note dated April 16, 2015 (same day for request of authorization), the injured worker requested Norco 10/325 mg #90. Subjectively, the injured worker has bilateral shoulder and wrist complaints. Objectively, there is tenderness to palpation over the anterior shoulder with muscle spasm. Range of motion is mildly decreased to flexion and abduction. The wrist examination indicates there is tenderness palpation of the dorsal wrist, lateral wrist, medial risks and volar wrist. Tinel's sign is negative and Phalen's sign is negative. Range of motion was full. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record (with ongoing long-term opiate use). There is no documentation that demonstrates objective functional improvement. There is no attempt at weaning Norco. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing long-term opiate use, risk assessments, detailed pain assessments and an attempt to wean Norco 10/325 mg, Norco 10/325mg # 90 is not medically necessary.