

<b>Case Number:</b>	CM15-0098524		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	09/03/2007
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female who reported an industrial injury on 9/3/2007. Her diagnoses, and/or impressions, are noted to include: lumbar spine musculoligamentous sprain/strain with disc protrusion; degenerative lumbar disc disease with neuro-foraminal narrowing; multi-level lumbar disc bulge with stenosis and mild lumbosacral facet arthropathy; lumbar radiculopathy; bilateral knee sprain/strain with degenerative joint disease; left shoulder impingement syndrome with degenerative disc disease, hypertrophy, narrowing, and 75% tendon tear; right shoulder rotator cuff tear with impingement; bilateral wrist tendinitis; and anxiety with stress. Recent history notes left shoulder arthroscopic decompression and debridement surgery on 10/22/2014. Recent ultrasound of the bilateral shoulders was noted on 3/12/2014, with no current imaging studies noted. Her treatments have included surgical intervention; physical therapy; psychiatric evaluation and treatment; medication management; and rest from work. The progress notes of 3/27/2015 reported improvement in the left shoulder with continued post-operative physical therapy, but continued complaints of right shoulder pain with loss of motion, left wrist/hand numbness/tingling, and flare-ups of low back pain. The objective findings were noted to include tenderness to the left shoulder/joint and para-scapular regions; and positive impingement test and cross arm test. The physician's requests for treatments were noted to include a continuation of Norco for pain.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Decision rationale:** The claimant sustained a work injury in September 2007. She underwent left shoulder arthroscopic surgery in October 2014. When seen, she felt that her left shoulder was improving. She was continuing to participate in postoperative physical therapy. She was having right shoulder pain and was interested in an injection. She was also having left wrist numbness and tingling and flare-ups of low back pain. Physical examination findings included left shoulder tenderness with positive impingement testing. There was decreased right shoulder range of motion with tenderness. Medications prescribed included Norco at a total MED (morphine equivalent dose) of 30 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.