

<b>Case Number:</b>	CM14-0142907		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old female with an injury date of 04/27/11. According to the 07/30/14 report by [REDACTED] the patient presents with constant sharp pain in the right shoulder with cold and numbness that radiates down the entire right arm rated 6/10. She also presents with constant aching pain and sensitivity to touch in the right elbow radiating to the right wrist rated 5/10 along with constant aching pain and soreness to right wrist radiating to the right elbow rated 6/10, and constant pain and numbness in the right palm rated 5/10. The patient also states she has headaches and neck pain and left shoulder pain rated 8/10 and pain in the left hand and fingers rated 8/10. The patient is temporarily totally disabled until 09/09/14 as of 08/18/14. Examination of the bilateral shoulders reveals pain on forced "int/ext" rotation positive on the right and Impingement sign positive on the right; Grade IV weakness in the median distribution of the right hand; and Tinel's sign for the right elbow positive. Diagnosis includes status post right shoulder arthroscopy with subacromial decompression, synovectomy and distal clavicle resection, mild impingement syndrome, left shoulder, status post right tennis elbow release, Status post right carpal tunnel release, and mild left carpal tunnel syndrome. Current medication is listed as Hydrocodone, Ibuprofen, Diazepam, Metaroline, Meclizine, and Cholesterol medication. The utilization review being challenged is dated 08/26/14. Reports were provided from 02/12/14 to 07/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10 mg. #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): <https://www.acoempracguides.org/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Opioid Use ; Criteria for Opioid Page(s): 88-89; 78.

**Decision rationale:** MTUS Guidelines pages 88 and 89 states, "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 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 this case, the reports only partially address pain assessment. The report dated 07/30/14 does use pain scales to measure pain; however, the progress reports from 02/12/14 to 07/30/14 do not use a pain scale. There is no indication that Norco is improving this patient's function. Although the treating physician has a list of functions described, it is not mentioned whether or not the use of Norco is improving ADL's and function. Furthermore, no urine toxicology or other opiate management issues are discussed. Therefore, the request for Norco 10 mg. #60 is not medically necessary and appropriate.