

<b>Case Number:</b>	CM13-0058850		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/11/2004
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Occupational Medicine, 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 patient is an employee of [REDACTED], and has filed a claim for chronic left shoulder pain associated with an industrial injury date of October 11, 2004. Utilization review denied the request for Norco due to no measurable functional improvements in the patient's status and the patient has not returned to full duty at work. Treatment to date has included left shoulder surgery, opioid and non-opioid pain medications, and physical therapy. Medical records from 2008 through 2013 were reviewed showing the patient complaining of chronic left shoulder pain. The patient is status post left shoulder arthroscopy, Mumford procedure, biceps tenodesis, and subacromial decompression. The patient is noted to be taking his Kadian and Norco; Kadian is being tapered. The patient is noted to be able to function with his current medications. On examination, the patient has limited lumbar range of motion as well as limited left shoulder range of motion on external rotation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION FOR 240 NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** According to Page 78 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco since 2012. The patient is noted to be able to function with the current medications. However, specific measures of improvement such as the ability to perform activities of daily living or increased work performance was not documented. Therefore, the request for Norco is not medically necessary.