

<b>Case Number:</b>	CM13-0061842		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 physician 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:

According to the records made available for review, this is a 52-year-old male with a 1/18/13 date of injury. At the time of request for authorization for Norco (Hydrocodone/APAP 10/325 Ing) Tabs, #120, there is documentation of subjective (pain in the left shoulder as well as constant persistent pain in the left hand) and objective (decreased range of motion, positive Hawkins impingement and positive acromioclavicular joint tenderness with weakness in flexion and abduction) findings, current diagnoses (significant crush injury, left hand; left hand arthrofibrosis, and left shoulder contusion and rotator cuff syndrome), and treatment to date (medications, physical therapy, and activity modification). There is no documentation of short-term treatment with opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone/APAP 10/325 ing #120): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Norco. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited, as criteria necessary to support the medical necessity of Norco. Within the medical information available for review, there is documentation of diagnoses of significant crush injury, left hand; left hand arthrofibrosis, and left shoulder contusion and rotator cuff syndrome. However, given documentation of ongoing treatment with Norco, there is no documentation of short-term treatment with opioids. Therefore, based on guidelines and a review of the evidence, the request for Norco (Hydrocodone/APAP 10/325 Ing) Tabs, #120 is not medically necessary.