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| <b>Case Number:</b>   | CM14-0007779 |                              |            |
| <b>Date Assigned:</b> | 02/07/2014   | <b>Date of Injury:</b>       | 03/06/2008 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 01/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/17/2014 |

### 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 Orthopedic Surgery 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:

This is a 53-year-old male patient with a 03/06/2008 date of injury. According to the documents, the patient had multiple upper extremity surgeries. The treatment to date has included medication, physical therapy and occupational therapy, sling and injections. The 12/27/2013 progress report indicates right shoulder pain. The remainder of the 12/27/13 report was largely illegible secondary to handwriting and reproduction. He was diagnosed with a radial nerve lesion, shoulder impingement syndrome, unspecified disorder of the shoulder, a radial nerve lesion, and a fracture of the radius/ulnar shaft. There is documentation of a previous adverse determination on 01/10/2014, due to lack of assessment of response to current medication and monitoring for medication compliance or aberrant behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, 3 MONTH SUPPLY (NO ACTUAL STATED QUANTITY):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with right shoulder pain, and was diagnosed with radial nerve lesion, shoulder impingement syndrome, unspecified disorder of shoulder radial nerve lesion, and fracture of radius/ulnar shaft. However, the response to previous Norco treatment was not adequately assessed. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There was also no specific quantity requested. Therefore, the request for is not medically necessary.