

<b>Case Number:</b>	CM14-0009580		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Tennessee. 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 a 42-year-old female who has submitted a claim for cervical facet joint arthropathy, left shoulder internal derangement, left shoulder pain, cervical facet joint pain, cervical facet joint arthropathy, cervical sprain/strain, cervical stenosis, associated with an industrial injury date of February 21, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 03/12/2014, showed bilateral neck pain and left shoulder pain. Physical examination revealed tenderness of left shoulder and left cervical paraspinal muscles overlying the left C4-C5, left C5-C6, and left C6-C7 facet joints. There was restricted and painful range of motion in left shoulder. Left shoulder impingement signs, Neer's, Hawkins'. Scaption were positive. Left shoulder range of motion was restricted by pain in all directions. Cervical ranges of motion were restricted by pain in all directions. Nerve root tension signs were negative bilaterally. Muscle strength was 5/5 in all limbs except 4+/5 in the left deltoid. Treatment to date has included left shoulder injection, cervical epidural steroid injection, physical therapy, and medications. Utilization review from 01/06/2014 denied the request for the purchase of Norco 10/325mg 1 PO TID #90 no refills, but the reason for denial was not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG 1 PO TID #90 NO REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient previously used Hydrocodone for an unspecified duration of time. The functional benefits were not stated and was eventually discontinued. A progress report, dated 03/12/2014, appealed for the denial of Norco as it provided 40% improvement of pain with maintenance of her activities of daily living such as self-care and dressing. The previous urinary drug screen was consistent with no aberrant behaviors. The guideline criteria were met. Therefore, the request for purchase of Norco 10/325mg 1 PO TID #90 no refills is medically necessary.