

<b>Case Number:</b>	CM14-0177326		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/25/2005
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 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 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 female patient with the date of injury of July 25, 2005. A Utilization Review dated October 29, 2014 recommended non-certification of 1 prescription of Norco 10/325mg #120. A Progress Report dated October 20, 2014 identifies bilateral shoulder pain. With medications her pain is 4/10 and without medications it is 9/10. No objective findings are identified. Diagnoses identify bilateral shoulder impingement syndrome s/p left shoulder arthroscopy, 10/24/05, right shoulder surgery 2000 and 2010, adhesive capsulitis both shoulders L > R, bilateral shoulder pain, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, and prescription narcotic dependence. Discussion identifies refill Norco 10/325mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high

abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, medications are noted to improve the patient's pain. However, there is no documentation regarding side effects and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.