

<b>Case Number:</b>	CM14-0026870		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/10/2007
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Preventive Medicine and is licensed to practice in Texas. 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 injured worker is a 53 year old male injured on 02/10/07 due to undisclosed mechanism of injury. Current diagnoses included left shoulder rotator cuff tendinopathy, subacromial bursitis, and bilateral temporomandibular joint dysfunction (TMJ) syndrome. Clinical note dated 12/17/13 indicated the injured worker presented complaining of left shoulder pain which was stable with the use of medications in conjunction with Transcutaneous Electrical Nerve Stimulation (TENS) unit. The injured worker was working regular work duties without issues. Physical examination of the left shoulder revealed painful range of motion, forward flexion to 170 degrees, and abduction to 120 degrees, and tenderness to palpation at the acromioclavicular joint. Treatment plan included continuation of Norco 10-325mg three times daily, Terocin Lotion, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. A urine drug screen on 08/20/13 did not detect the presence of the prescribed hydrocodone. The initial request for Norco 10-325mg #120 and Terocin Lotion times two was initially non-certified on 02/11/14.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Guidelines, injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, there is no discussion in the documentation regarding the inconsistent urine drug screen performed on 08/20/13. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325MG #120 cannot be established at this time.

**TEROCIN LOTION X 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the MTUS Chronic Pain Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request is not medically necessary and appropriate.