

<b>Case Number:</b>	CM14-0034075		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Occupational Medicine 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:

The patient is a 61-year-old female, with a date of injury of 01/17/2003 (cumulative). She has developed chronic musculoskeletal pain involving the upper extremities, shoulder and cervical region. The treatment has consisted of remote physical therapy, analgesic medications, shoulder injections, and a right carpal tunnel release, which was successful. She has impingement syndrome with a partial rotator cuff tear. The shoulder symptoms have recently flared and an updated MRI was ordered. She had utilized Darvocet in the past, but discontinued it's use when symptoms improved. She has been prescribed Norco (Hydrocodone) 10/325 #60 on a monthly basis for as needed use for the past year, due an increase in symptoms. There has been no accelerated use and she has either remained at work or has been attempting to return to work when the work is available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/ACETAMINOPHEN 5/325MG, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Page(s): 80.

**Decision rationale:** The patient is using the Norco infrequently and only as needed for a flare-up of pain. One would not anticipate sustained pain relief under these circumstances as it is not utilized on a sustained basis. In addition, while utilizing the Norco, the patient has returned to work and/or attempted to return to work when it is available. Use of Opioids are supported under these circumstances. The Chronic Pain Guidelines support limited opioid use under these circumstances. The medication is medically necessary and used appropriately.