

<b>Case Number:</b>	CM14-0036803		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 31, 2007. In a utilization review report dated February 18, 2014, the claims administrator denied a request for Norco, citing lack of benefit with the same. The applicant's attorney subsequently appealed. In a May 30, 2013, progress note, handwritten, difficult to follow, not entirely legible, the applicant presented with persistent complaints of shoulder and arm pain, scored at 4/10. The note had been blurred as a result of repetitive photocopying. The applicant was given prescriptions for Vicodin and Flexeril. A rather proscriptive 20-pound lifting limitation was endorsed. It is not clearly stated whether the applicant was working or not. On September 12, 2013, the applicant was again given the same 20-pound lifting limitation. The applicant was still using five Vicodin a day, it was acknowledged. It was again not clearly stated whether the applicant was working or not. In a request for authorization dated January 16, 2014, the attending provider stated that the applicant was stable on his meds, was not abusing the same, and was able to do more activities of daily living with the same. It was acknowledged on a progress note of the same date that the applicant was not working. The applicant did rate his pain a 5/10. Multiple medications including Norco and Flexeril were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5 one every morning and two as needed #40 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the attending provider has stated that the applicant's pain has been ameliorated with opioids, the attending provider has not quantified the degree of improvement. The attending provider has not stated what if any of the activities of daily living (ADLs) has specifically been ameliorated as a result of ongoing Norco usage. The documentation on file, as previously noted, is sparse, handwritten, not entirely legible, and difficult to follow. Therefore, the request is not medically necessary.