

<b>Case Number:</b>	CM14-0036844		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/17/2014
<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 Physical Medicine and Rehabilitation 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 injured worker is a 47-year-old male who reported an injury on 05/19/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 05/21/2014 is handwritten and difficult to decipher. The injured worker's diagnoses were rotator cuff capsule sprain and contusion of shoulder region. The injured worker reported bilateral shoulder pain rated 4/10. He reported his pain was about the same as the last visit. The injured worker reported that he used Norco up to 3 times as prescribed. The injured worker also reported increased pain to the left shoulder. Upon physical examination of the shoulder, the injured worker had tenderness to the acromioclavicular joint and rhomboid. The range of motion revealed flexion of 120 degrees and abduction of 10 degrees. The injured worker used nortriptyline for 5 days. The injured worker had increased pain to the left shoulder with increased usage of the shoulder. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco, Flexeril, Vicodin, and Motrin. The provider submitted a request for 11 refills of Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eleven Refills of Norco 10/325 MG Quantity 990:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 78 and 91. The request for eleven refills of Norco 10/325 mg quantity of 990 is not medically necessary. The California MTUS Guidelines state, "Norco/hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent, or breakthrough pain." The guidelines recognize 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors." There is a lack of significant evidence to determine the injured worker's pain level, functional status, and evaluation of risks for aberrant drug use, along with his behaviors and side effects. In addition, the injured worker's medication has already been modified in order to assist the injured worker in weaning the Norco. The injured worker has had ample time to wean off the Norco. Moreover, the request does not indicate a frequency. Therefore, the request for Norco is not medically necessary.