

<b>Case Number:</b>	CM14-0038406		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/11/1998
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Nevada. 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 records presented for review indicate that this 64-year-old male was reportedly injured on 2/11/1998. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 6/16/2014, indicated that there were ongoing complaints of low back pain, rating pain to the bilateral lower extremities, and left shoulder pain. The physical examination demonstrated cervical spine limited range of motion with pain, positive tenderness to palpation of the paravertebral muscles and trapezius and tight muscle band noted bilaterally. Lumbar spine had limited range of motion with pain, positive tenderness to palpation paravertebral muscles, positive spasm and tight muscle band bilaterally, positive tenderness to palpation of the spinous processes at L4-L5, positive lumbar facet loading, tenderness over the posterior iliac spine bilaterally. Right shoulder had limited range of motion, due to pain and tenderness over the acromioclavicular (AC) joint, bicep groove, glenohumeral joint and sub deltoid bursa. Left shoulder had limited range of motion with pain, positive Hawkins test Neer's test and tenderness to palpation over the AC joint, bicep groove, glenohumeral joint and sub deltoid bursa. Left shoulder muscle strength diminished 4/5 in the left upper extremity. Deep tendon reflexes of the knee are 2/4 bilaterally, right ankle 1/4, left ankle absent. No recent diagnostic imaging studies are available for review. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request had been made for Norco 10/325 quantity of 80 and was not certified in the pre-authorization process on 3/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #80:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 74-78 of 127 Page(s): 74-78 OF 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has multiple chronic pain issues; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.