

<b>Case Number:</b>	CM14-0042411		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 injured worker is a 54-year-old who was reportedly injured on January 12, 2011. The mechanism of injury was noted as a trip and fall. The most recent progress note, dated March 6, 2014, indicated that there were ongoing complaints of left shoulder pain with difficulty sleeping. The physical examination demonstrated tenderness of the left shoulder subacromial space, rotator cuff muscles, and acromioclavicular joint. There was a positive impingement sign and decreased left shoulder range of motion. Examination of the lumbar spine noted tenderness along the bilateral paravertebral muscles and a positive right sided straight leg raise test. There was decreased sensation in a patchy distribution along the right lower extremity and decreased lumbar spine range of motion. Diagnostic imaging studies of the lumbar spine noted mild degenerative spondylosis resulting in mild bilateral neural foraminal at L5-S1 without significant disc herniation or nerve root impingement. Electromyogram/nerve conduction velocity studies of the lower extremities were normal. Previous treatment included activity modification, physical therapy, chiropractic treatment, acupuncture, cervical facet medial branch blocks and left shoulder surgery for a subacromial decompression, Mumford procedure, and rotator cuff debridement. A request was made for Norco and was not certified in the pre-authorization process on March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing review and documentation of pain relief.

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

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The 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 chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco 10/325mg, 120 count, is not medically necessary or appropriate.