

<b>Case Number:</b>	CM14-0048076		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 35-year-old male who reported an injury on 02/15/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 07/03/2014 indicated diagnoses of impingement syndrome of the right shoulder. The injured worker reported pain to the right shoulder that was dull, aching and sharp. The injured worker reported his pain was made better with rest and made worse with any form of flexion and rated 7/10. The injured worker reported dizziness, headaches, and anxiety. On physical examination of the right shoulder range of motion revealed abduction of 90, flexion of 90, external rotation of 70, internal rotation of 30, and a positive impingement sign. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco. The provider submitted a request for Norco. A request for authorization dated 06/25/2014 was submitted for Norco; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-81.

**Decision rationale:** The request for Norco 10/325 MG is not medically necessary. The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients 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 lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the documentation submitted did not indicate how long the injured worker had been utilizing this medication. Furthermore, the request did not indicate a frequency or quantity for this medication. Therefore, the request is not medically necessary.