

<b>Case Number:</b>	CM14-0054447		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 patient is a 56-year-old female who has submitted a claim for contusion of the shoulder region, shoulder joint pain, upper back contusion, buttocks contusion, back pain and back muscle spasm associated with an industrial injury date of 11/27/13. Medical records from 1/22/14 to 6/17/14 were reviewed, and showed that the patient complained of left shoulder and back pain, both graded 10/10. Physical examination of the left shoulder revealed tenderness over the sternoclavicular and acromioclavicular joints and left trapezius, deltoid, and upper extremity muscles. Limited left shoulder range of motion was noted. Drop arm and apprehension tests were negative. Physical examination of the lumbar spine revealed normal gait and heel and toe ambulation. Tenderness upon palpation was noted all throughout. Lumbar spine range of motion was decreased. Straight leg test was positive bilaterally. Sensation to light touch was decreased over right posterior thigh otherwise normal. Manual muscle testing and deep tendon reflexes of the lower extremities were intact. Treatment to date has included physical therapy, back brace application, and pain medications such as Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two of three Norco 10/325 mg #60:** 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.

**Decision rationale:** According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Norco 10/325mg (quantity and frequency not made available) since November 2013. There was no documentation of functional improvement, analgesia, or recent urine toxicology review to support continuation of Norco per guidelines recommendation. Therefore, the request is not medically necessary.