

<b>Case Number:</b>	CM14-0071008		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 3/26/12 date of injury, and status post right shoulder arthroscopy, subacromial decompression/rotator cuff debridement, and Mumford 11/6/13. At the time (5/13/14) of request for authorization for Norco 10.325 #120, there is documentation of subjective (right shoulder and increased low back pain that radiates to the bilateral lower extremities) and objective (right shoulder tenderness to palpation over the anterior capsule and acromioclavicular joint, subacromial crepitus, pain with impingement test and cross arm tests, limited range of motion; lumbar spine tenderness to palpation, positive straight leg raise, and limited range of motion) findings, current diagnoses (status post right shoulder arthroscopy, subacromial decompression/rotator cuff debridement, and Mumford performed on November 6 2013), and treatment to date (medications (including ongoing use of Norco)). 4/30/14 medical report identifies pain with medications 4/10 and without medications 8/10, and that with medications patient is able to perform activities of daily living. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and there will be ongoing review and documentation of appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10.325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of status post right shoulder arthroscopy, subacromial decompression/rotator cuff debridement, and Mumford performed on November 6 2013. In addition, given documentation of decrease pain from 8/10 to 4/10 with medications, and that with medications patient is able to perform activities of daily living, there is documentation of functional benefit and improvement as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and there will be ongoing review and documentation of appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10.325 #120 is not medically necessary.