

<b>Case Number:</b>	CM14-0071839		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/25/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 male who reported an injury after he tripped and fell on 10/2/11. The clinical note dated 6/5/14 indicated diagnoses of left shoulder sprain/strain with myofasciitis; left shoulder partial tear of the insertion of supraspinatus tendon; lumbar spine degenerative disc disease; lumbar spine disc bulges at L4-5, L3-4, L2-3, L1-2, and T11-12; lumbosacral sprain/strain with underlying degenerative disc disease; right knee arthroscopic partial medial meniscectomy chondroplasty of trochlear and medial femoral condyle and synovectomy; right knee arthroscopy for partial meniscectomy and chondroplasty dated June 2012; right knee medial meniscal tear; and right knee recurrent tear medial meniscus. The injured worker reported constant left shoulder pain with numbness and tingling in the left upper extremity and reported any physical activity increased his pain. The injured worker also reported right knee pain. On physical examination of the left shoulder, there was tenderness to palpation over superior greater than posterior aspect, range of motion was decreased on flexion to 140 degrees with pain, and Neer, Hawkins, Jobe, and cross-adduction tests were positive. Exam of the right knee revealed effusion, crepitus, and tenderness to palpation over the medial joint line. The injured worker's prior treatment included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5mg QTY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment 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 a 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. Furthermore, the request does not indicate a frequency for this medication. Moreover, it was not indicated if the injured worker had a signed pain contract. Therefore, the request for Norco is not medically necessary.