

<b>Case Number:</b>	CM14-0081176		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 injured worker is a 56 year old female who was injured on August 01, 2011. The mechanism of injury is described as repetitive work. The current principal diagnosis is listed as shoulder region disorder (726.2). Working diagnosis is noted as left shoulder strain and impingement. Treatment includes Norco, left lateral epicondyle release performed on February 28, 2014. A May 01, 2014 orthopedic primary treating physician progress note documents complaints of ongoing pain after extensive evaluation and treatment including x-rays, MRI, electrodiagnostics, surgery, work restrictions, medications, and physical therapy with limited sustained functional benefit. A utilization review determination dated May 12, 2014 resulted in partial certification of half of the requested 120 pills of Norco 10/325 milligrams with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 91.

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

**Decision rationale:** The request is missing the necessary ongoing monitoring information as described below. Further, it asks for a number of pills without specifying dose or frequency, nor how long the prescription is intended to last. Finally, it is not clear from the documentation provided that there has been a significant improvement in the patient's pain or function from the use of chronic opioids. Per the PTUS: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The request for Norco 10/325mg #120 is not medically necessary.