

<b>Case Number:</b>	CM14-0084229		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/22/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 53 year-old male who was reportedly injured on 7/13/2010. The mechanism of injury is noted as an industrial injury. The most recent progress note dated 5/22/2014 indicates that there are ongoing complaints of bilateral shoulder pain, and right upper extremity pain. The physical examination demonstrated bilateral upper extremities: well healed surgical incisions on the right wrist and right elbow. Decreased sensation to light touch in the right hand, numbness to all 5 fingers of the left hand. Left shoulder abduction 105, forward flexion 115, right shoulder abduction 130, Ford flexion 130. Positive tenderness with palpation to the subacromial areas of both shoulders. No reason diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for Norco 10/325mg #60 and was not certified in the pre-authorization process on 5/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #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): 74-78, 88, 91.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco 10/325mg #60 is not medically necessary and appropriate.