

<b>Case Number:</b>	CM14-0086468		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Illinois. 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 30-year-old male, who reported an injury 09/16/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 07/17/2014 indicated diagnoses of status post right shoulder arthroscopic labral debridement and status post right shoulder biceps tenotomy with tenodesis. The injured worker reported right shoulder tenderness with pain overhead, rated 4/10. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Norco and omeprazole. The provider submitted a request for Norco. A Request for Authorization dated 07/24/2014 was submitted for Norco; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg, QTY: 60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

**Decision rationale:** The request for Norco 5/325 mg, QTY: 60 with 1 refill is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker's request for Norco was modified on 05/16/2014 for weaning purposes. In addition, there is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for the Norco. Therefore, the request for Norco is not medically necessary.