

<b>Case Number:</b>	CM14-0190241		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Family 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:

Injured worker is a 43 year old male with workplace injury that occurred on 11/21/12. Mechanism unknown. This request is for Norco 10/325/mg QTY 90. Other medications include Motrin 800 mg, Prilosec 20 mg, and Ultram 50mg, and Amitriptyline. Claimant had right rotator cuff repair on 03/22/13, and left shoulder surgery 07/08/13. Medical record indicates from office visit 02/14/14, claimants pain is worse at night when he sleeps on the shoulder. This is when he takes the Norco, which brings pain down to 0/10 allowing him to sleep 8 hours. Per record, claimant has returned to work full time. Claimant also on a home exercise program with 10 pound dumb bells for this shoulder 3 times a week. Medical record indicates office visit 09/30/14 states ongoing bilateral shoulder pain, no significant changes. Diagnosis is chronic right and left shoulder pain. Per MTUS chronic pain treatment guidelines, the ongoing use of Norco is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (DND 10/30/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80 and 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods for Chronic pain Page(s): 80 and 81.

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is functional benefit noted as Norco brings pain down to 0/10 allowing sleep 8 hours and claimant has returned to work full time. However the request is not reasonable as dosage and quantity of medication was not specified in request; therefore, this request is not medically necessary.