

<b>Case Number:</b>	CM14-0193872		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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:

This is a 35 year old male with a work related injury dated 08/26/2011. Mechanism of injury is not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 10/02/2014, the injured worker presented with complaints of 8/10 right shoulder pain. Diagnoses included cervical sprain/strain, shoulder strain, cervical radiculitis, and low back pain. Treatments have consisted of a cervical fusion, shoulder surgery, Transcutaneous Electrical Nerve Stimulation (TENS) unit which helps shoulder pain, Home Exercise Program makes shoulder hurt worse, and medications help decrease pain and increase activities of daily living by 60%. According to a primary physician's progress report dated 08/03/2014, acupuncture treatments have been going well and felt more relaxed afterward. A progress note dated 05/05/2014 noted a previous labral reconstruction in 2012. Diagnostic testing included a Magnetic Resonance Arthrogram dated 05/01/2014 which showed prior subacromial decompression, acromioplasty, and distal clavicle resection, persistent global labral separation, glenohumeral joint osteoarthritis, moderate supraspinatus and infraspinatus, and stable mild to moderate atrophy of the teres minor muscle. Work status is noted as total temporary disability. On 11/06/2014, Utilization Review non approved the request for Norco 10/325 1 PO Q 6hrs PRN severe pain #120 refills: 0 citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated the injured worker has been on opiates long term, however, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Medical Treatment Utilization Schedule Guidelines require clear and concise documentation for ongoing management. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

**Decision rationale:** MTUS Guidelines support the judicious use of opioids if there is pain relief and improved functioning. Although the level of documentation is not "perfect" it is clearly documented that there is pain relief and improvement in ADL functioning. There is also no evidence of aberrant drug related behaviors with stable and limited use over a long time period. Under these circumstances, the Norco 10/325mg. #120 is consistent with Guidelines and is medically necessary.