

<b>Case Number:</b>	CM14-0202165		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 15, 2012. In a utilization review report dated November 20, 2014, the claims administrator partially approved a request for Norco. The applicant's attorney subsequently appealed. In a December 4, 2014 progress note, the applicant reported persistent complaints of shoulder pain, 6/10 with medications versus 10/10 without medications. The applicant was using Norco and Soma for pain relief. Norco was refilled. MR arthrography was endorsed. A rather proscriptive permanent 10-pound lifting restriction was endorsed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. In an earlier note dated November 6, 2014, the applicant stated that his Norco was recently stolen. 7/10 to 8/10 pain without medication versus 3/10 to 4/10 pain with medication was reported. Norco was refilled, along with the same, unchanged, 10-pound lifting limitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic; Prescription Opioid Abuse in Chronic Pain Patients Section. Page.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, despite ongoing usage of Norco. While the attending provider did report some reduction in pain scores achieved as a result of ongoing Norco usage, the attending provider failed to outline any material or tangible improvements in function achieved as a result of ongoing Norco therapy. This, coupled with the fact that the applicant had seemingly failed to return to work, did not make a compelling case for continuation of the same. Page 85 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incidentally noted, suggest that reports of stolen medications often represent issues with prescription opioid abuse. The attending provider did not address such issues (or the absence thereof) on the November 6, 2014 progress note in which the applicant presented reporting that his prescription for Norco had been stolen. Therefore, the request is not medically necessary.