

<b>Case Number:</b>	CM14-0202613		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/21/2014
<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 Family Practice, 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 33 year old male patient who sustained work related industrial injuries on December 15, 2009. The mechanism of the injury was not specified in the records provided. The diagnoses include cervical facet capsule tears, lumbosacral facet capsular tears, lumbar disc disruption and bilateral shoulder intrathecal pathology consistent with impingement syndrome with significant history of fracture of humeral head of the right shoulder and labrum tear and rotator cuff tear and status post right shoulder surgery. Per the treating provider report dated 11/12/2014, he had complaints of low back pain with radiation to bilateral legs with numbness and weakness; cervical pain with radiation to the bilateral arm with numbness and weakness; right shoulder pain. Physical examination revealed right shoulder- a markedly increased positive impingement sign with the potential for instability, tenderness and decreased range of motion; decreased light touch sensation bilaterally over the L4, L5, S1 dermatome, right worse than left; cervical spine- pain to palpitation over the C2-C5 facet capsules, lumbosacral spine- positive pelvic thrust right, positive FABER maneuver on the right, positive Gainstein's maneuver right and positive Patrick's maneuver. The medications list includes norco, celebrex, ibuprofen, pristiq and testosterone cypionate. He has undergone right shoulder surgery on 6/17/2011. He has had epidural steroid injection for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 by mouth every 4 hours #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 1/19/15) Opioids, criteria for use.

**Decision rationale:** Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation in regards to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioid analgesic. The medical necessity of Norco 10/325mg 1 by mouth every 4 hours #180 is not established for this patient.