

<b>Case Number:</b>	CM14-0204357		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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:

38 yr. old male claimant sustained a work injury on 10/10/12 involving the right shoulder. He was diagnosed with right shoulder impingement syndrome recurrent supraspinatus tearing. He had previously been on Tramadol for pain. The claimant had undergone a right shoulder rotator repair and extensive debridement with acromioplasty on 10/21/14. A progress note on 11/3/14 indicated the claimant had undergone physical therapy. His exam findings were notable for a healed surgical site. The claimant was given Tramadol and Norco for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone; Weaning of Medications Page(s): 91-94; 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the

claimant had been on Tramadol. No one opioid is superior to another. There was no indication of failure of prior non-steroidal anti-inflammatory drugs (NSAIDs), Tylenol or Tramadol alone. There was no indication for combining the two opioids. The use of Norco is not medically necessary.