

<b>Case Number:</b>	CM15-0000291		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/15/2005
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 injured worker is a 64 year old male who sustained an industrial related injury on 8/15/05 after a wall fell onto his left shoulder. A physician's report dated 12/8/14 noted the injured worker had complaints of chronic neck and shoulder pain and was status post right shoulder decompression surgery. Physical examination findings included full mobility of the right upper extremity with some hesitancy noted at end range. Functional spine mobility was present with slight limitation with right lateral rotation. Forward flexion was full. Diagnoses were shoulder joint pain, unspecified myalgia and myositis, and cervicgia. The injured worker was prescribed Ultram ER and Norco. The injured worker was participating in a home exercise program. The injured worker was working and gradually increasing his work hours in conjunction with his surgeon's recommendations. On 12/23/14 the requests for Nicro 10/325mg #120 and Norco 10/325mg #120 (do not fill before 1/6/14) were modified. The utilization review physician (UR) cited the Chronic Pain Medical Treatment Guidelines. The UR physician noted opioids are indicated for discontinuation when there is no overall improvement in function. The continued use of Norco was noted to be appropriate for purposes of weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 64 year old male has complained of neck pain and right shoulder pain since date of injury 8/15/05. He has been treated with right shoulder decompressive surgery, physical therapy and medications to include opioids since at least 2007. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 #120 is not indicated as medically necessary.

**Norco 10/325mg #120 (do not fill before 1/6/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89..

**Decision rationale:** This 64 year old male has complained of neck pain and right shoulder pain since date of injury 8/15/05. He has been treated with right shoulder decompressive surgery, physical therapy and medications to include opioids since at least 2007. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 #120 is not indicated as medically necessary.