

<b>Case Number:</b>	CM15-0007281		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 69 year old male with an industrial injury dated September 9, 2013. The injured worker diagnoses include acromioclavicular joint arthritis, left shoulder, massive rotator cuff tear, left shoulder and degenerative changes to glenohumeral joint, left shoulder. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 12/17/14, the injured worker reported left shoulder pain with numbness, tingling and weakness. Physical exam revealed tenderness to palpitation of the greater tuberosity, positive Neer's and Hawkins test. Visual evaluation was noted to be unremarkable. The treating physician prescribed Norco 10/325mg #90. Utilization Review (UR) determination on December 31, 2014 denied the request for Norco 10/325mg #90, citing MTUS, ACOEM and Official Disability Guidelines

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section On Chronic Pain Subsection Under Opioids Medication

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 5/325 MG #90s not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 5/325mg is not medically necessary.