

<b>Case Number:</b>	CM15-0101343		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38-year-old male, who sustained an industrial injury on 06/24/2011. The injured worker is currently not working. The injured worker is currently diagnosed as having right shoulder pain, diabetes, and status post-right shoulder surgery times two. Treatment and diagnostics to date has included use of Transcutaneous Electrical Nerve Stimulation Unit and heat which are helpful, right shoulder MRI on 06/20/2014 showed a minor thinning of the supraspinatus tendon and minor tear suggested to the superior labrum, right shoulder surgeries, therapy, home exercise program, successful suprascapular nerve block, inconsistent urine drug screen, and medications. In a progress note dated 04/24/2014, the injured worker presented with complaints of neck pain that radiates down his right upper extremity, low back pain, and right shoulder pain. The injured worker rated his pain 9 out of 10 with medications and 10 out of 10 without medications since his last visit. Objective findings include cervical myofascial trigger points, lumbar spasm, and right shoulder tenderness. The treating physician reported requesting authorization for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #130:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 24, 78, 92, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the medication apparently provides only minimal pain relief (1 point on VAS) with no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). Furthermore, it appears that the most recent urine drug screen was inconsistent, as hydrocodone was not detected, and there is no subsequent discussion in this regard. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.